

MEDICAL RELEASE RECORD

I, _____ (student), hereby authorize Fairfield University to release to the emergency medical personnel and Assist America, its officer, employees and/or affiliates, my individually identifiable health information contained herein in the event of an emergency during my participation in the _____ {Name of Program} in _____ (location/term). This information is strictly for use in the event of an emergency and will not be released to any parties for any reasons other than treatment of the student in an emergency situation. I further understand that upon completion of the program, if no emergency occurred requiring the use of this information, this information will be returned to me in the original sealed envelope.

Name of Student _____

Signature of student _____

Date (month/day/year) _____

Please give as much detail as possible in answering the following questions, and do not leave any questions blank. Please provide any additional information or records that could be useful in the event that treatment is required by a doctor or other medical facility abroad. You may add additional pages as appropriate.

Health Conditions:

Describe in detail any physical or mental health conditions, disabilities, or impairments.

Allergies:

Please indicate all known allergies, how you react to it, and any medications that should or should not be used by you as a consequence of your allergies.
