



NORWICH UNIVERSITY

Medical Release & Waiver Form

Participant's Full Name: _____
Last First MI Preferred

SSN: _____ DOB: _____ Gender: M or F

Address: _____
Street City State Zip

EMERGENCY CONTACTS

Name: _____

Name: _____

Daytime #: _____
Include Area Code

Daytime #: _____
Include Area Code

Relationship: _____

Relationship: _____

Evening #: _____
Include Area Code

Evening #: _____
Include Area Code

MEDICAL INFORMATION

Circle One

If he/she has bridgework does he/she have the proper equipment to care for them?	YES	NO	N/A
If he/she wears contact lenses, does he/she have a pair of glasses in case of loss?	YES	NO	N/A
Is he/she on any type of medication?	YES	NO	N/A
Does he/she have any allergies (medications)?	YES	NO	N/A
Is he/she allergic to bee stings? Do they carry a bee-sting kit?	YES	NO	N/A
Has he/she had any recent injury requiring inpatient care?	YES	NO	N/A
Does he/she have any back trouble or painful/trick joints?	YES	NO	N/A
Does he/she have difficulty standing for long periods of time?	YES	NO	N/A
Has he/she ever been seen by a mental health care professional?	YES	NO	N/A
Has he/she been a sleepwalker since age 12?	YES	NO	N/A
Is there any history of asthma or respiratory problems?	YES	NO	N/A
Is there any history of epilepsy or seizures?	YES	NO	N/A
Is there a history of heart conditions in the family?	YES	NO	N/A
Is there any history of addiction or treatment for drug or alcohol abuse?	YES	NO	N/A
Does he/she use tobacco products of any kind?	YES	NO	N/A
Other medical conditions that might influence his/her ability to participate?	YES	NO	N/A

If you answered YES to any of the above questions please explain below:

MEDICAL RELEASE & WAIVER STATEMENTS

I hereby give permission for _____ to attend the Norwich University Leadership Challenge Weekend, from _____ to _____.
day/month/year day/month/year

I hereby consent to and authorize, if necessary, Norwich University to disclose information from this medical record relating to the identity, diagnosis, prognosis, or treatment of _____ to the administration, insurance company, hospital, physician, or any source deemed necessary by Norwich University while he/she is in attendance at the Leadership Challenge Weekend.

I hereby consent and authorize, if necessary Norwich University to obtain any medical, dental or emergency medical care, which is deemed necessary by qualified personnel while _____ is in attendance at the Leadership Challenge Weekend.

I understand that Norwich University will notify me as soon as possible of any action taken on behalf of _____.

I understand that any financial responsibilities, which are incurred by _____ as a result of medical/dental injury or illness will be assumed by me, or my medical insurance carrier.

I hereby release any and all rights and claims for damages against Norwich University, its representatives and assigns, from any and all injuries suffered by _____ as a result of his/her participation in the Leadership Challenge Weekend. This waiver/release of liability extends to my/our heirs, executors, administrators, and assigns.

I hereby affirm that he/she is physically fit to be an active participant in the Leadership Challenge Weekend and endure the rigors of a physical training and adventure program, except as noted on the reverse of this page.

Parent/Guardian(s) Name (please print): _____ / _____

Parent/Guardian(s) Signature: _____ / _____

Relationship: _____ Date: _____
day/month/year

MEDICAL INSURANCE INFORMATION

Policy Holders Full Name: _____
Last First Middle

Name of Insurance Company: _____ Policy #: _____

Insurance Company Mailing Address: _____
Address City State Zip

Insurance Company Phone Number: _____
(Include Area Code)

This form must be complete in its entirety to attend Leadership Challenge Weekend.

(802) 485-2531 • Fax (802) 485-2739 • www.norwich.edu/lcw