

Instructor Notes

Follow-up

Approval

INSTRUCTIONS: All the questions on this form are important. The answers are needed in order to assess your level of participation in the program. Please answer every question in each section in detail. Incomplete forms will slow down the screening process, and may cause you to miss out on your Stanford University program.

PART I General Information

<p>APPLICANT</p> <p>Name _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ht. ____ Wt. ____ Shoe Size ____</p> <p>Age ____ DOB ____/____/____ SUID# _____</p> <p>Address _____ Apt. _____</p> <p>City/State/Zip _____</p>	<p>Daytime Phone # () _____</p> <p>Evening Phone # () _____</p> <p>FAX # () _____</p> <p>Email Address _____</p> <p>Do you speak/understand English? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>PARENT/GUARDIAN</p> <p>Name _____</p> <p>Phone # () _____</p> <p>Email Address _____</p>	<p>EMERGENCY CONTACT (other than parent/guardian)</p> <p>Name _____</p> <p>Phone # () _____</p> <p>Email Address _____</p>

PART II Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings)

NONE or...

Allergy	Reaction	Medication Required (if any)

B. Current Medications (Including psychiatric and over-the-counter)

NONE or...

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects

Stanford University recommends that participants have a tetanus immunization (within 10 years)

PART III Health Profile (if yes to any of the following please list the # and explain on the back of this form)

#	Please <input checked="" type="checkbox"/> one—If yes, describe below	Y	N	#	Please <input checked="" type="checkbox"/> one—If yes, describe below	Y	N
1	Seizure within the past 1 year			6	Vegetarian or Vegan dietary needs (circle which one)		
2	Hospitalization / Emergency Room / Urgent Care visit within the past 1 year			7	Neck / Back / Shoulder / Knee / Ankle / Shoulder or other joint problem		
3	Asthma (If yes, please bring inhaler)			8	Currently Pregnant		
4	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, or exertional dizziness or faint spells			9	Other cardiac conditions, e.g. heart murmur or other rhythm abnormality		
5	Gastrointestinal Problems			10	Other medical issues (please list):		

PART VII Participant Signature Required

I authorize Stanford University to release information regarding my participation in programs conducted by SOE to the above stated emergency contact(s) and fellow participants as necessary. This information includes, but is limited to: Duration of event/trip, Medical Information, Legal Information. This consent is a waiver of my rights under the Federal Educational Records Privacy Act. Permission is given for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary. You should know that over the years, many students with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

Applicant Signature

Date

