EMERGENCY INFORMATION FORM

Name of Trip/Program (hereinafter "Program")

STUDENT/PARTICIPANT'S NAME: ____ [*Print*]
LAST FIRST

Parent(s)/Guardian(s) Name: ____ ______________
Last First Daytime Phone

____ ______________
Last First Daytime Phone

Emergency Contacts

Primary Emergency Contact Name:		Secondary Emergency Contact Name:	
Home Phone ( )	Work Phone ( )	Home Phone ( )	Work Phone ( )
Cell Phone ( )		Cell Phone ( )	
Relationship to Student/Participant: ☐ Parent / ☐ Guardian / ☐ Relative / ☐ Friend		Relationship to Student/Participant: ☐ Parent / ☐ Guardian / ☐ Relative / ☐ Friend	

Date of last DPT/Tetanus immunization ______________________________

Please list any allergies: ____

____

Please list any and all medication(s):____

____

Note: Alamo Community College District employees will not administer or store medication.

Please provide any additional information that will assist us in the event of an emergency.

____

____

____

Medical Release/Waiver

I hereby certify that ______________________________ [*Student/Participant*] is in good health and may participate in all activities.
Student/Participant's Primary Physician's Name: ______________________________
Tel: (210) ____________________

I understand that it is my responsibility to make certain the medical information on this form is current and accurate. **It is my responsibility** to complete a new form should any of the information change. In the event of a medical emergency, **I authorize** Alamo Community College District (ACCD) its employees, and or agents (collectively "**the College**") to secure medical transportation or treatment on my (or my child's) behalf. **I understand** the College is not required to obtain medical transportation or care for me (or my child). **I understand** the College will attempt to contact a parent/guardian or one of the individuals that I have designated as an emergency contact. **I hereby grant** on my behalf (and/or on my child's behalf) the Campus Nurse(s) of the Alamo Community College District, the permission to provide treatment for emergency and/or minor medical injuries or illnesses which may arise while I am (or my child is) participating in the Program identified above. **I acknowledge and understand** that Congress passed a law entitled the Health Insurance Portability and Accountability Act ("**HIPAA**") that limits disclosure of protected medical information. This authorization is being signed because it is crucial that employees at the College and any responding emergency personnel be readily notified of any protected medical information contained in this form or contained in my (or my child's) records on file with the College. Therefore, **in the event of a medical emergency**, **I authorize the College to release the information contained in this form to medical staff and other emergency personnel**. This authorization shall terminate upon the earlier of the following two events: (1) written notice signed by me and delivered to the College; or (2) termination and/or completion of my (or my child's) participation in the Program identified above. **I understand and agree** that I am responsible for all expenses, fees, costs incurred as a result of the medical transportation or care secured for me (or my child) by the College. **I understand and agree** that the College is not liable for any injury or damages that may occur as a result of the medical treatment that I (or my child) may receive.

By signing this Agreement, **I release, waive, discharge, and agree to indemnify and hold harmless** the Alamo Community College District, its Board of Trustees, Officers, Employees, Representatives, Agents or others acting on behalf of the Alamo Community College District (hereinafter referred to as "**Releasees**") from any and all claims, demands, actions, judgments and executions, which I or others under my control may have, or now have or will have, or which I or others under my control may claim against the Releasees resulting in any personal injury, accidents, illnesses, property damage or loss, crimes (including death) suffered or sustained by me or others under my control, including minor children, while participating in the Program and while traveling to and from related events, or while on any Alamo Community College District campus and/or property, INCLUDING BUT NOT LIMITED TO CLAIMS, DEMANDS, ACTIONS, JUDGMENTS AND/OR EXECUTIONS CAUSED BY ANY ALLEGED ACTS OF NEGLIGENCE BY THE RELEASEES.

I further agree to indemnify the Releasees and others affiliated with this Program **and hold them harmless** from any liability, loss damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the Student/Participant's participation in said Program. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement provided, however, that such consent shall not be unreasonably withheld.

I HAVE CAREFULLY READ THIS MEDICAL RELEASE/WAIVER AND I FULLY UNDERSTAND THE CONTENTS, MEANING AND IMPACT OF THIS WAIVER AND RELEASE. I HEREBY VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

Student/Participant:	If Student/Participant is under 18 years of age: **Parent/Guardian:**
______________________________ Signature	____________________________________ Signature
______________________________ Print Name	____________________________________ Print Name

Student/Participant's Social Security No.: ________________________________

WITNESS:

____
Signature

____
Print Name