

MIAMI UNIVERSITY  
DEPARTMENT OF GEOLOGY  
OXFORD, OHIO 45056

TROPICAL ECOSYSTEMS OF COSTA RICA WORKSHOP  
May 19 - June 3, 2001

EMERGENCY MEDICAL INFORMATION

(This form will remain confidential with the Workshop Director.)

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ MU BANNER ID # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

WEIGHT \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: (parents or spouse)

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

OTHER CONTACT INFO: (cell phone, email, etc.) \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_

LOCATED IN \_\_\_\_\_

(city, state)

PHONE NO. \_\_\_\_\_ EMERGENCY NO. \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE PHONE NO. \_\_\_\_\_

INSURANCE POLICY NO. \_\_\_\_\_

Do you have any allergies (food, drug, environmental)?

Are you currently under professional care for any medical conditions? Please specify.

List any prescribed medications you are currently taking (or example, insulin)?

RETURN FORM TO HAYS CUMMINS BY APRIL 6, 2001.

