

Health Form

Please clearly print all information.

Participant Information		
Name (Last)	(First)	(M.I.)
Date of Birth	Age	Gender
Health Provider Information		
Health Insurance Provider	Policy #	
Physician Name	Office Phone	
Emergency Contact Information		
Primary Emergency Contact Name	Relationship to Participant	
Phone Number	Alternative Phone Number	
Secondary Emergency Contact Name	Relationship to Participant	
Phone Number	Alternative Phone Number	
Medical Information		
Please list any allergies (food, medications, insect stings, etc.):		
Please list any dietary restrictions:		
Describe any additional health conditions we should be aware of:		
Medication		
Is the participant currently taking any medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please fill out back of form)		

I certify that the information above is correct.

Parent/Guardian Signature (if participant is under 18) _____ Date _____

Participant Signature (if participant is 18) _____ Date _____

Permission to Dispense Medications

I, _____, the parent/guardian of _____ (“Participant”)
 (Print name) (Print name)

give permission to the staff of Oakland University to administer to the Participant the following medications:

Medications		
1. Name of Medication	Dose	Time
Dispensing & Storage Instructions	Possible Side Effects	
2. Name of Medication	Dose	Time
Dispensing & Storage Instructions	Possible Side Effects	
3. Name of Medication	Dose	Time
Dispensing & Storage Instructions	Possible Side Effects	

I understand, acknowledge and agree that:

- It is my responsibility to give any medication directly to Oakland University staff in individual dosage containers, clearly labeled envelopes, or in original prescription bottles;
- Oakland University staff will NOT dispense any medication unless and until this Permission to Dispense Medication Form is completed in full, signed and submitted to the designated representative for OU;
- The information provided in this Permission to Dispense Medication Form is accurate and complete;
- Oakland University staff will only dispense and store medication as directed in this Permission to Dispense Medication Form;
- I must complete, sign and submit a new Permission to Dispense Medication Form to the designated representative for OU if there are any changes in the types or doses of medications and/or any changes in the instructions for dispensing or storing those medications;
- If the Participant experiences an adverse reaction to the medication, Oakland University staff may (but are not obligated to) take any actions they consider to be warranted under the circumstances, including without limitation securing treatment from physicians and/or medical personnel, and I will be solely responsible for payment of any and all charges relating to such treatment;
- The storage and dispensing of medication involves risk of temporary and/or permanent bodily injury, illness, death and other dangers;
- On behalf of myself, the Participant and our respective family, heirs, estate, successors, assigns and personal and legal representative(s), I fully, finally, irrevocably, unconditionally and forever WAIVE, RELEASE, and DISCHARGE the University and their trustees, officers, employees, agents, volunteers, students and servants, individually and in their official and personal capacities, (collectively, the “Released Parties”), of and from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE STORAGE FOR AND/OR DISPENSING OF MEDICATION TO THE PARTICIPANT, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE; and
- I will INDEMNIFY, DEFEND and HOLD HARMLESS the Released Parties from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE STORAGE AND/OR DISPENSING OF MEDICATION TO THE PARTICIPANT.

 Parent or Legal Guardian Signature

 Date