

University of Georgia

Confidential Health Record for Warnell

We ask that you voluntarily fill in the all of the health information below. Disclosure of health conditions is not required for you to participate in a field course or other activity, but having information about pre-existing health conditions will enable the program staff to help you obtain proper medical assistance in the case of an accident or illness. While you are in class or participating in other activities, it is important that you continue any medical treatment or medication that you are currently receiving. We recommend that students with chronic health or mental health conditions discuss their participation in field courses or other activities with their health care providers.

Course or Activity Name and/or Number _____

Student Name _____ Student ID Number _____

Student Birth Date _____

Person to be Notified in Case of an Emergency

Name _____ Relationship _____

Phone: Home _____ Work _____

Address _____

E-mail _____

Please list any chronic health or mental health conditions for which you are currently receiving treatment or that might recur or be exacerbated by changes in the environment, diet, exercise or stress.

Please list any medications you are currently taking _____

What medications or other substances or organisms are you allergic to? _____

Are you on a medically restricted diet? If so, please explain. _____

Do you have a physician or mental health care provider who should be consulted in case of an emergency? If so, list name and phone number. _____
