



GEOSCIENCES
COLORADO STATE UNIVERSITY

GEOL 436: Geology Summer Field Course
Summer 2025

Medical Information Form

Complete as fully as possible. Please print clearly. This information is confidential and will not be reviewed unless it is necessary.

Date: _____ CSU ID#: _____
Name: _____ Date of Birth: _____
Address: _____
Phone number: _____ Email address: _____

Emergency Contact Information

In case of emergency, please notify:

Name: _____ Relationship to student: _____
Address: _____
Phone number: _____ Email address: _____

In case of emergency, please notify:

Name: _____ Relationship to student: _____
Address: _____
Phone number: _____ Email address: _____

Medical Information

Do you have medical insurance? _____ YES _____ NO

Medical Insurance Company: _____ Policy #: _____

Do you have any prior injuries that might affect your participation? _____ YES _____ NO

Please explain: _____

Have you had a recent operation/procedure or other condition (last 24 months) that might affect your participation? _____ YES _____ NO

Please explain: _____

(Females only) Is there a possibility that you may be pregnant? _____ YES _____ NO

Please list any medications you are currently taking: _____

Please list any severe allergies to medications, insects, foods, etc.: _____

Please mention any activities that you should not participate in and/or any potential problems you might encounter at high altitude and/or during strenuous physical activity: _____

Do you have any concerns or additional information to share?

Liability Information:

We require full disclosure of your current health. The information you provide may assist people in the event of an accident. Therefore, please read it carefully; full and accurate completion of all sections is very important. The information otherwise shall be kept confidential between the instructors and health care professionals in the event of an accident. We do not use this information in evaluating your ability to participate in any activities. Only qualified health professionals can make that decision. If you are at all concerned about your ability to participate in any aspect of the activity, please seek the advice of a health care professional. By completing this form, you are acknowledging your awareness of the information above.

You are planning to participate in an activity, which has inherent risks. By reading and signing this form, you agree to hold harmless the Department of Geosciences, Colorado State University, Board of Governors of the Colorado State University system, as well as its employees and assigns, from any and all liability for injuries that are incurred or that may be incurred by you or your property as a result of delay in receiving professional medical attention.

This information is current to the best of my knowledge. I will inform the course leaders of any medical issues that may arise during the course.

Signature: _____ Date: _____

Parent or guardian (if under 18): _____ Date: _____

***Please seal in an envelope bring to the Geosciences Department office at:
322 Michael Smith Natural Resources Building or mail to:
Colorado State University, Att: Angela Sharpe, 1482 Campus Delivery, Fort Collins, CO 80523
We will also accept these forms scanned and emailed to: angela.sharpe@colostate.edu
Please return forms by May 1, 2026. Forms will be destroyed at the end of the course experience.
Thanks!***