CSULB RESEARCH FOUNDATION

Voluntary Medical Disclosure Statement and Assumption of Risk

Youth Activity: _____ from _____ , 20 ____ to _____ , 20 ____

Participant: _____ Age: _____
First Last Middle

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and to the best of your ability. The facts you disclose will be kept conýdential and will be used only to help the sta respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical sta ûs inquiries. Please print your responses to ensure legibility. **Identify person to Contact in the event of an Emergency by completing the Emergency Contact Form.**

DIETARY RESTRICTIONS: Please describe any known dietary restrictions (i.e., lactose intolerant, food allergies) that the Participant may have or has been known to have: _____

_____

MEDICATIONS: Please list all medications the Participant are taking or will be taking during this program. All medicines, prescribed or over-the-counter, should be transported in its original packaging with a written prescription to administer. This includes written permission to administer over the counter topical creams such as sunscreen.

_____

TREATING PHYSICIANûS NAME AND PHONE NO. _____

Any special needs we should be aware of? _____

_____

Assumption of Risk

I have consulted with a medical doctor with regards to my child(ren)ûs personal medical needs. I am aware of all applicable personal medical needs for him/her. He or she has no health related reasons or problems that preclude or restrict his/her participation in this program. I assume all risk and responsibility for his/her medical needs. The Research Foundation and/ or University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding his or her health and safety. I agree to pay all expenses relating thereto and release the Research Foundation and/or the University from any liability for their actions.

_____ _____
Parent/Legal Guardian Signature Name of Minor Participant

_____ _____
Name of Parent/Legal Guardian (Please Print) Address of Participant