

XAVIER UNIVERSITY
Club, Team, Group or Academic Class On- and Off-Campus Activities
Emergency Medical Care Authorization and Health History

Occasionally a Xavier faculty member, employee or student (an “XU Individual”) participating in on- or off-campus activities with a Xavier club, team, group or academic class may face a health emergency requiring local hospitalization or emergency treatment. I authorize Xavier University, through its representatives, to secure emergency medical care, hospitalization or surgical treatment or dental treatment for me during my participation in these On- or Off-Campus Club, Team, Group or Academic Class Activities.

In the event of a medical emergency, Xavier University, through its representatives, will make every effort to reach the person or persons designated below:

FIRST EMERGENCY CONTACT

SECOND EMERGENCY CONTACT

Name: _____

Name: _____

Relationship _____

Relationship: _____

Address _____

Address: _____

Telephone (day): _____

Telephone (day): _____

Telephone (evening): _____

Telephone (evening): _____

Cell Phone _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Certificate of Medical Insurance Coverage

Xavier University requires that all students and recommends that all faculty members and employees have insurance with medical coverage while participating in On- or Off-Campus Club, Team, Group or Academic Class Activities. By signing below, I certify that I understand Xavier University is not required to pay for any of my medical costs while I am participating in these Activities beyond that which is provided to me as a benefit of my employment (if applicable). I further understand that Xavier University is not required to pay for any evacuation, reunion or repatriation of remains costs that arise out of my participation in these Activities.

I certify that I will be covered by medical insurance with this type of coverage valid during the time that I participate in these Activities, or that I understand and fully accept any and all consequences of not being covered by such insurance during my participation in these Activities.

XU Individual’s Signature: _____ Date: _____

Parent’s or Guardian’s Signature (if student is under age 18): _____ Date: _____

Printed Name of XU Individual: _____ XU Banner ID: _____

Insurance Company (if applicable): _____ Policy Number (if applicable): _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK

A copy of this form will be kept at Campus Police and with the sponsoring department. The original should be taken by the Activity organizer participating in the particular Activity.

This is the only form approved by Xavier University for this purpose.
It may not be modified or changed in any way.

HEALTH HISTORY

The following information concerning medical history, including allergies, medications being taken, and physical impairments, to which a physician should be alerted:

GENERAL INFORMATION

_____ () Male () Female

(LAST NAME) (FIRST) (MIDDLE) (BIRTH DATE)

PERMANENT MAILING ADDRESS:

(STREET) (CITY) (STATE) (ZIP CODE) (TELEPHONE)

HEALTH PROBLEMS – List any continuing health problems: _____

DRUG ALLERGIES AND REACTION – List any drug allergies and briefly describe what happened:

MEDICINES – List any medicines, pills or injections (prescription and over-the-counter) you take regularly: _____

HISTORY – Check if you have ever had any of the following:

_____	Anemia	_____	Heart problems (describe)
_____	Asthma/hay fever/allergy	_____	Jaundice/hepatitis
_____	Back problems	_____	Protein/sugar in urine
_____	Bladder/kidney problem	_____	Surgery _____
			(TYPE AND YEAR)
_____	Epilepsy/convulsions	_____	Emotional/Mental problems
_____	High blood pressure	_____	Drug/Alcohol problems
_____	Ulcer/stomach problem		

_____ Have you ever lived in close contact with anyone who had tuberculosis?
TB skin test: _____ negative _____ year TB Medicines Taken: _____
_____ positive _____ year _____
_____ never tested

Anything else that we should be aware of? _____

FAMILY MEDICAL HISTORY

Has anyone in your family had any of the following problems?

_____	Asthma/hay fever	_____	High blood pressure
_____	Diabetes	_____	Sickle cell/anemias
_____	Heart disease		

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