

University of Nevada, Reno – Department of Geography
Learning in the Woods Science Experience



IDENTIFICATION AND EMERGENCY INFORMATION

(TO BE COMPLETED BY PARENT OR GUARDIAN)

Please Print

Student's Last Name _____ First _____ Birthday ____ / ____ / ____ Age ____ Sex M/F

School attending _____ Grade _____

Student's Home Address _____ City _____ State _____ Zip _____

Father's Name _____ Day Phone _____ Night Phone _____

Home Address _____ City _____ State _____ Zip _____

Mother's Name _____ Day Phone _____ Night Phone _____

Home Address _____ City _____ State _____ Zip _____

Additional Persons Who May Be Called in an Emergency:

Name _____ Day Phone _____ Night Phone _____ Relationship _____

1. _____

2. _____

3. _____

Student's Physician (if none, leave blank) _____ Phone _____

Student's Dentist (if none, leave blank) _____ Phone _____

Medical Information: (please list all allergies to food, environmental factors, medications, etc. the student has)

Additional health information on the student that we should know about:

Is the student taking any medication at this time? If so, for what reason?

(Please register any prescription medicine with the Program Coordinator)

Have there been any recent illnesses or injuries? If yes, please explain.

Please circle the following first aid medication the student *can* take:

Advil Tylenol Aspirin Pepto Bismol Kaopectate Other:

I, the undersigned, agree to hold the University of Nevada, Reno, the Department of Geography, and the Coordinator of this program harmless from all suits, claims, or demands of every kind and character arising out of and in connection with the program. I further certify that the participant has no ailment or organic defect that would make participation in the activity dangerous to the health of the participant. I hereby authorize the program coordinator and the Department of Geography staff to act on my behalf according to their best judgment in any emergency requiring medical attention, and I also waive and release the program from any and all liability for injuries incurred by the student while participating.

Signature (Parent/Guardian) _____ Date _____

Printed Name of Parent/Guardian _____