

XXXII. MEDICAL INFORMATION FORM/ DOCTORS NOTE OF GOOD HEALTH.

La Suerte & Ometepe Biological Field Station

- This medical clearance/release form should be returned to La Suerte and Ometepe Biological Field Station, PO BOX 55-7519, Miami FL 33255-7519. It can also be **faxed to 305-666-7581** or bring a copy with you to the field site and hand-deliver to staff at the field course site.
- If student is under 18 or married we must have parental/spouse authorization on all statements noted, and parents/spouse must sign below.
- Your safety is important to us! In order to participate in the program, all students must fully understand and agree to the terms of this agreement by signing below.
- I am of sound mind, in good health with no physical or mental conditions that would hinder or prevent me from participating in the program. I understand that keeping health limitations confidential can result in dismissal.
- The student's doctor must complete the medical information below and note all known pre-existing medical conditions PRIOR to arrival at any of our field sites.
- **Before** acceptance into our program, La Suerte/Ometepe Biological Field Station or medical personnel on location has the student's authorization to **speak** to your doctor without restrictions if it is necessary.
- **During** the class session, La Suerte/Ometepe Biological Field Station or medical personnel on location has the student's authorization to **speak** to your doctor without restrictions if it is necessary.
- To ensure the safety of all students, La Suerte/Ometepe Biological Field Station has the right to deny acceptance into the program based on recommendation from your doctors, health limitations that would endanger the student, or a medical record that indicates a history of mental health issues that may endanger the student or disrupt the learning environment.
- To ensure the safety of all students, medical complications on site may result in an early return home. Students who suffer injuries or become ill at our sites will be treated at local clinics and based on medical evaluation sent home. La Suerte/Ometepe Biological Field Station has the student's authorization to speak to the student's doctor without restrictions if it is necessary.
- La Suerte and Ometepe Biological Field Stations are not responsible for medical expenses that may occur due to sudden illnesses.
- La Suerte and Ometepe Biological Field Stations are not responsible for added expenses related to emergency transportation to the clinics or emergency evacuation to the USA.
- Should a student feel ill at any time during his or her stay, it is their responsibility to bring this condition to the attention of staff members IMMEDIATELY, so that an appropriate response can be initiated.
- La Suerte and Ometepe Biological Field Stations have authorization to request medical or hospital records.

I _____ have read, understood and agree to the statements above. **Below I voluntarily sign in agreement to the statements and release of information above.**

Student First Name: _____ Middle _____ Last _____ Signature X _____ Date: _____

(Married or under 18 require a signature) Parent / Spouse Signature X _____ Date: _____

Emergency Contact: _____ Tel. _____ Cell. _____ Email _____ Relation _____

Student Name _____ Tel: _____ Cell: _____ Email: _____

Course Name(s): _____, _____ Year: _____

Circle Session:

1 May 25 to June 19, # 2 June 22 to July 17, #3 July 20 to Aug 14, Winter Dec 27 to Jan 9, or Winter Dec 27 to Jan 18 Year: _____

Doctor use only:

Traveling and studying in the tropics can be demanding on the mind and body. All participants to this program must be in good health and have no physical or mental conditions that would hinder or prevent them from participating in the program. The participants' safety is very important to us and we need to be made aware of all pre-existing medical conditions or limitations. Please bear in mind behavioral conditions that may pose dangers to students, and the participant named above may be cause for dismissal from the program. The participant named above has authorized us to contact his/her doctor if further information is needed before or during the class session.

Please check if the participant has any of the following health conditions:

Asthma _____ HayFever _____ Convulsions _____ Diabetes _____ Heart _____

_____ Drug/alcohol _____ Allergies _____ Stings/InsectBites _____ Penicillin _____

Mental health _____ Other _____ Has the participant ever been hospitalized? _____

Please check the following accordingly.

Yes, the patient examined today is in good physical and mental health and capable of safely participating in our program.

No, we recommend the patient not travel at this time due to current health limitations. Explain.

If any of the medical conditions above were checked, please include limitations or restrictions on back page.

If the participant has ever been hospitalized, please explain. _____

Specialist or Family Physician evaluating the patient: Tel: _____ Fax: _____ Email: _____

Family Physician Name: _____ Tel: _____ Fax: _____ Email: _____

Specialist's Name: _____ Tel: _____ Fax: _____ Email: _____

Signature: _____ **Date:** _____