

**Student Health and Contact Form**  
Colorado School of Mines  
Department of Geology and Geological Engineering

Information on this form is strictly confidential and will only be used in case of an emergency.  
Form will be returned to participant or destroyed at the end of the field program.

Please print or type

***Student Information***

\_\_\_\_\_  
Age

\_\_\_\_\_  
Student ID Number

---

Last Name	First Name	Middle
-----------	------------	--------

---

Address	City or Town
---------	--------------

***Emergency Contact Information***

---

Name	Relationship
------	--------------

---

Address	City or Town
---------	--------------

---

Telephone Numbers:	Home	Work
--------------------	------	------

---

Additional Contact Numbers (pager, cell phone)

***Health Insurance Information***

---

Company or Organization

---

Address	Telephone Number
---------	------------------

---

Policyholder's Name

---

Policy or Contact Number	Expiration Date
--------------------------	-----------------

***Physician(s)***

---

Name	Telephone Number
------	------------------

---

Address	Telephone Number
---------	------------------

Appropriate medical personnel may also request a student's medical record from the  
Colorado School of Mines Health Center, 1225 17<sup>th</sup> Street, Golden, CO 80401 USA voice: 303-273-  
3381 fax: 303-273-3623

**Medical Information**

Do you have a Medic Alert tag/bracelet? (if yes, state condition)

---

Allergies (food, insects, medications, others):

---

Do you carry medications for your allergies? (if yes, list medication(s) and dosage(s))

---

Current medications (include herbal and over the counter medications as well as prescriptions medications, including birth control pills):

---

---

**Pertinent Medical History**

(Please list medical conditions e.g., diabetes, asthma, seizures, etc. or physical conditions that might be important for emergency care.)

---

---

---

---

**Immunizations Relevant to Field Project**

(Current immunization records are available from the Colorado School of Mines Health Center.)

---

---

**Special Beliefs**

(State any religious or other beliefs that might have an impact on medical care, such as blood transfusions, etc.)

---

---

**Important Notice:**

By my signature below, I am acknowledging and confirming that this form contains medical information that accurately reflects my known medical conditions and medications I am currently taking.

---

Student's Name (Print)

Student's Signature

Date

---

Field Program