



WASHINGTON WORKSHOPS FOUNDATION
**STANDARD MEDICAL
 INFORMATION FORM**

**THIS FORM IS
 CONFIDENTIAL**

THIS STANDARD MEDICAL INFORMATION STATEMENT FORM SHOULD BE FILLED OUT, SIGNED, AND RETURNED TO THE WASHINGTON WORKSHOPS OFFICE WITH YOUR FINAL PAYMENT OR AT YOUR EARLIEST CONVENIENCE.

Session _____	Name of Participant _____ <small>Last First MI</small>
_____	Participant SSN _____ Date of Birth _____

In accordance with accepted guidelines for student-study programs, it is the policy of the Washington Workshops Foundation to suggest that all participants in its programs make adequate provision for the possibility of a medical emergency arising during their attendance in the respective programs. The information solicited will assist the Workshops in helping its participants secure medical care.

INSURANCE:

Each participant should determine whether his/her medical insurance coverage includes coverage for medical problems that occur away from home. If you have such coverage, please state as follows:

Name of Insurance Company: _____
 Policy Number: _____

NAME AND ADDRESS OF FAMILY PHYSICIAN:

Name: _____ Phone: _____
 Address: _____

PARTICIPANT DRUG SENSITIVITIES OR PHYSICAL LIMITATIONS:

The participant is known to react unfavorably, is allergic to, or requires special treatment:

Food or Drugs: _____
 Medicines currently being taken: _____
 Physical Limitations: _____

EMERGENCY CONTACT INFORMATION:

Parent(s)/Guardian Name _____ Office Phone _____
 Home Phone _____ Cell Phone _____
 Alternate Contact _____ Relationship _____ Phone Number _____

It is the understanding of this participant and respective parent(s)/guardian that in the event a medical emergency should arise requiring medical care to be administered immediately, the Participant and respective parent(s)/guardian authorize that such emergency medical treatment shall be given and consent to such treatment at a hospital or other health care dispenser, or initially by seminar staff, if necessary.

The undersigned have read the above and declare and affirm that they consent to the contents herein stated.

 Parent(s)/guardian signature(s) Participant's signature

 Date Date