

IMPORTANT: Please be sure to fill out ALL areas of the form below.

The Band Office needs this information for your safety as well as to efficiently prepare for travel both inside and outside the United States. Please feel free to contact us at (315) 443-2194 with any questions you may have. Thank you!

MEDICAL CLEARANCE FORM



In the event of injury or illness, I hereby authorize appropriate treatment of emergency care by a licensed physician.

Student's Name (Please Print): _____

Student's Signature (if 18 or older): _____

IF STUDENT IS UNDER 18 YEARS OF AGE:

Parent/Guardian's Name (Please Print): _____

Parent/Guardian's Signature: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone Number: (____) _____

Are you a vegetarian?	YES	NO	Do you have any other food allergies? Please list below:
Are you a vegan?	YES	NO	_____
Gluten free diet?	YES	NO	
Lactose Intolerant?	YES	NO	

Please list any allergies, medical conditions, or other important information that should be known by a physician in the event of injury or illness: _____

Primary Care Physician: _____ Physician's Phone Number: (____) _____

Insurance Company: _____ Policy #/Group #/ID #: _____

Insurance Company's Address: _____

Insurance Company's Phone Number: (____) _____ Policy Holder's Name: _____

Student's Permanent Address: _____

Student's Campus Address: _____

In the case of an emergency, please contact _____ at (____) _____

(name of emergency contact person)

(phone number)

PERSONAL TRAVEL INFORMATION

Last Name: _____ First Name: _____

9-digit SU ID #: _____ Cell Phone #: (____) _____