

**SERVICE LEARNING PROGRAM
MEDICAL INFORMATION FORM
FOR MURRAY STATE UNIVERSITY USE**

Name: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

It is my responsibility to request any accommodation, based on documented need provided separately, necessary to participate in the Service Learning Program. Other conditions about which Murray State or the Facility at which any Service Learning Program is conducted should be aware are **[PROVIDING THE FOLLOWING INFORMATION IS OPTIONAL BUT MAYBE OF ASSISTANCE IN THE EVENT OF EMERGENCY]** :

* Allergies/Medical conditions: _____

* Medications taken regularly: _____

* Local Physician:

Name: _____ Phone: _____

I acknowledge my responsibility to keep current any medical information supplied by me. I understand that the information I am providing will be placed in a secure area in the Blackboard Learning System™. The contents may be visible to any instructor in the Service Learning Program course, other course administrators if present in the course, and system administrators. I further consent to the release of the information provided here to personnel at any Facility at which any Service Learning Project is conducted. In case of emergency, I authorize a representative of Murray State University or the Facility to contact the physician indicated above, inform the emergency contacts listed above of my situation, arrange for emergency medical transportation and treatment, and release any medical information supplied herein to medical personnel and emergency contacts listed above. This is a consent to release information for purposes of the Family Educational Rights and Privacy Act.

Signature: _____ Date: _____