

SONOMA STATE UNIVERSITY SUMMER BRIDGE PROGRAM

MEDICAL INFORMATION FORM

In the event of an illness or injury the medical staff will need the following information to properly treat you. **If you are a minor, under the age of 18, a parent or guardian must sign this form on page 2 and page 3.** Please fill out all pages completely or the form will be returned to you delaying your registration to the Summer Bridge Program. You will **NOT** be able to attend Summer Bridge if this form is not completed and on file.

Send Completed Form To: Sonoma State University
EOP Office, Salazar 1070
1801 East Cotati Avenue
Rohnert Park CA 94928
Fax: (707) 664-3999

Student's Name _____ Date of Birth _____ Age _____

Address _____
Street City Zip

Telephone () _____ Last 4 digits of SSN _____

In the event of an emergency, person to be notified (must be family member and 21 years of age or older):

Name _____ Relationship _____

Home Telephone () _____ Work Telephone () _____

MEDICAL CARE

1. Do you have Health Insurance Coverage? Yes No

If **Yes**, Name of Insurance Plan _____

Plan Number _____

2. Do you receive MediCal Health Insurance? Yes No

If **Yes**, Plan Number _____

3. Do you have a personal doctor to contact in a medical emergency? Yes No

If **Yes**, name of Doctor _____ Phone () _____

Address _____
Street City Zip

4. Do you receive medical care from a clinic? Yes No

If **Yes**, name of Clinic _____ Phone () _____

Address _____
Street City Zip

If you answered **NO** to items 1, 2, 3, and 4 above, how does your family handle medical care?

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Are you allergic to any foods or medications? Yes No
(If yes, list them and attach doctor's medical statement)

List any prescribed medication(s) you are presently taking and the reason(s) you are taking the medication(s):

Medication	Reason
_____	_____
_____	_____

List special medications you must have in an emergency _____

Do you have or have you ever been treated for any of the following:

- Epilepsy (seizures) Yes No
- Diabetes Yes No
- Heart Disease Yes No
- Hearing Impairment Yes No
- Sight Impairment Yes No
- Tuberculosis Yes No
- Severe Asthma Yes No
- Severe Allergic Reaction Yes No
- Major Physical Disability Yes No
- Other major illness/injury(s) for which you are still being treated Yes No
- Do you require the use of a wheelchair on an on-going basis? Yes No
- Have you ever or are you being treated for a mental illness? Yes No

If you answered yes to any of the above, please provide details and dates:

Do you have any other physical or medical limitations? Yes No

If you answered yes, please explain:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Student

Signature of Parent/Guardian
(if student is a minor under 18 years)

Print Name of Student

Print Name of Parent/Guardian

Date

Date

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MEDICAL INFORMATION FORM

**Authorization to Consent for Medical Treatment of Minors
(For Summer Bridge Students below the age of 18)**

I, the undersigned parent/guardian of _____, (DOB _____) **who is below the age of 18**, and is attending the Summer Bridge Program and is or will soon be enrolled at Sonoma State University authorize the staff of SSU Advising, Career and EOP Services and the staff of the SSU Student Health Center and/or other appropriate University personnel acting under the administrative authority of Sonoma State University, to act as my agent(s) to consent to any medical diagnostic procedure, to the administration of any medical or surgical treatment, or to any hospital care needed by the above named individual when any or all of the foregoing is deemed advisable by and is to be rendered under the general supervision of any physician/surgeon licensed in California under the provisions of the Medical Practice Act.

I realize that the above minor must be a *regularly enrolled student** at SSU to be eligible to receive services at the Student Health Center. I realize that such services are rendered either free or at very low cost to regularly enrolled SSU students.

I understand that available services are limited to the scope and hours of operation of the SSU Student Health Center. I understand that an individual may be referred to off-campus medical providers: if he/she is not a current regularly enrolled student of SSU, if the medical services needed are beyond the scope or hours of operation of the Student Health Center, or at the individual's request. I realize that individuals/families must make their own financial arrangements for off-campus health care.

**A regularly enrolled SSU student is selected through the regular University application and admissions process (and typically is responsible for paying regular University Registration Fees including the Student Health Fee).*

Printed Name of Parent or Legal Guardian

Signed: _____
Signature of Parent or Legal Guardian **Date**

Street Address _____

City / State / Zip _____

Phone Home () _____ Work () _____

RECREATION CENTER AT SONOMA STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Send Completed Form To: Sonoma State University
EOP Office, Salazar 1070
1801 East Cotati Avenue
Rohnert Park CA 94928
Fax: (707) 664-3999

IN CONSIDERATION of being permitted to enter the Recreation Center for any purpose, or SSU Pool for Campus Rec Swim, including but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representative, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the Recreation Center and SSU Pool for observation, participation or use of any facilities or equipment constitute an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE RECREATION CENTER FOR ANY PURPOSE, OR SSU POOL FOR CAMPUS REC SWIM INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES IN COVENANT NOT TO SUE State of California, Trustees of the California State University, Sonoma State University, the Sonoma Student Union Corp., and all of their directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damages (including attorney fees), and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Recreation Center or SSU Pool premises or in any way observing or using any facilities or equipment of the Recreation Center or SSU Pool whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasee or otherwise while in, about or upon the premises of the Recreation Center or SSU Pool and/or while using the premises or any facilities or equipment hereon.

4. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

6. THE UNDERSIGNED HAS read the policies for use of the Recreation Center and SSU Pool and agrees to abide by these rules and policies and understands that if he/she does not, he/she may lose all privileges of use of the Recreation Center and SSU Pool without refund.

I HAVE READ THIS RELEASE AND UNDERSTAND AND AGREE TO ITS CONTENTS:

PRINT LAST NAME: _____ FIRST NAME: _____

(if applicable) STUDENT ID# _____

Signature of Participant: _____ Date _____

Student's Contact Information (only if under age 18):

Telephone Number: () _____ Email Address: _____

ATTENTION IF UNDER 18: If participant is UNDER AGE 18, they must also have a Parent or Guardian signature.

Signature of Parent or Guardian _____

Date _____ Date Turning 18 years old _____



Visual / Audio Image Release Form Summer Bridge Program

I grant permission to Sonoma State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. SSU will not materially alter the original images. The images may be used in any manner or media without notifying me, such as University-sponsored Web sites, publication, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-University uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release SSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of or use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its contents, and I freely accept the terms.

Printed Name of Subject
Signature of Subject

If Under 18 Years of Age:

Printed Name of Parent/Guardian
Signature

Please return signed form to: Sonoma State University
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