Medical Release and Emergency Contact

US Coast Guard Academy
31 Mohegan Avenue
New London, CT 06320

800-883-8724 (phone)
860-701-6700 (fax)

www.uscga.edu

Privacy Act Statement. In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the USCG.
(1) Authority which authorizes the solicitation of the information: 14 USC 182.
(2) The Principal Purpose for this information is to ensure that emergent medical care can be provided as needed to all applicants during the USCGA Campus Visitation Program (Genesis).
(3) Routine uses which may be made of the information: to contact the applicant; the SSN is a basic identifier; to determine if there are existing USCG records on the individual; in performance of the duties of officials and employees of the USCG in managing the Campus Visitation Program
(4) Disclosure of the information is voluntary.

Student's Name: _____
Last First Middle Gender Date of Birth

Student's E-Mail Address: _____ *Last 4 of SSN #:* _____

Student's medication, food or other allergies*:* _____
(Write "none" if that is the case)

AUTHORIZATION FOR MEDICAL TREATMENT, RELEASE, AND EMERGENCY CONTACT INFORMATION

I (We), the undersigned, am (are) the parent(s) and/or legal guardian(s) of the above named student, a minor, being under the age of eighteen (18) years. I (We) have specifically granted my (our) said child permission to attend the Coast Guard Academy Overnight Program to be held at the U.S. Coast Guard Academy in New London, Connecticut.

To the best of my (our) knowledge and belief, my (our) said child has no mental or physical defects, diseases or impairments, and during such program he/she may engage in all physical activities, including drills, exercises and sports. Without limiting the generality of the foregoing, I (We) specifically verify that the Medical History information previously submitted with said child's program application is complete and accurate, and that said information is unchanged as of the date we sign this authorization. We agree to notify the Campus Programs Manager of any change therein that occurs from now until said child's arrival at the U. S. Coast Guard Academy.

In the event my (our) said child should become ill or injured while participating in this program, including the period of time while my (our) said child is traveling from his/her place of residence to the U.S. Coast Guard Academy, while at the U.S. Coast Guard Academy, and returning from the U.S. Coast Guard Academy to his/her place or residence, I (we) hereby authorize all medical personnel, including but not limited to physicians, physician assistants, nurse practitioners, athletic trainers and other health personnel working at the Academy's direction to administer drugs, medication (prescription or over-the-counter), blood, and medical treatment, including emergency first aid and surgery which in the judgment of any of the above is necessary or desirable to protect the life, health, well-being, or safety of said child. All decisions concerning medical treatment of all types may be made by such medical personnel. Except for first aid, immediate emergency treatment, and ongoing evaluation and treatments by licensed athletic trainers, all program participants will be transported to local emergency rooms, physician offices, or walk-in clinics at the expense of the parent or guardian for medical treatment. Students will not be treated on base or by Coast Guard personnel, except as stated above.

I (We) further agree any and all medical treatment deemed to be necessary and appropriate, in the opinion of such medical personnel, may be undertaken without notification to me (us). I (We) further represent and agree that in the exercise of the discretion in selection of medical facilities, medical personnel, the U.S. Coast Guard, the U.S. Coast Guard Auxiliary and the officers, members, personnel and employees thereof, are hereby released, indemnified and held harmless from any loss of liability they, or any of them may incur or suffer by virtue of acts or omissions in pursuance of the premises herein set forth. I (We) further agree to reimburse the said U.S. Coast Guard, U.S. Coast Guard Auxiliary and the officers, members, personnel and employees thereof, for any and all costs and expenses they, or any of them, may incur, in connection with such medical treatment.

I (We) agree that a photocopy of this original signed form shall have the same validity as said original.

Medical insurance covering said child: Company_____ Policy #_____
(If no insurance, please write "none" after Company)

Parent/guardian home mailing address:

_____

Home telephone number: _____E-mail address: _____

All Cell Phone numbers (with names):_____

All Work telephone numbers (with names):_____

If medical personnel are unable to contact us, any of these other persons are authorized to speak and act on our behalf:

Names, relationship, and all phone numbers:_____

_____

_____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date