LEHIGH UNIVERSITY SustainabLEHIGH Medical Information and Release Form

Participant Information:	
Name	Date of Birth/
Emergency Notification:	
Relationship	
Home Phone	Work Phone
Medical Information:	
Medical Insurance Compa	/
Address	
Phone	Subscriber's Name
	Policy Number
	Phone
	Phone
•	ne participant may have in his/her possession for the treatment of gies, or reactions
WAIVER INFORMATION	
	pants in SustainabLEHIGH to sign and to have their parent/guardian
-	ment prior to participation.
-	participant is in good physical condition to take part in
	l attention is required for illness or injury while attending this
	n for such care and certify that the participant is covered by a
	ehigh University is not responsible for and will not provide paymen
	pital, or laboratory fees due to illness or injury incurred while
participating in Sustainab	HIGH.
Signature of Participant	Date
Signature of Particinant's	arent/Guardian Date