



Plunge and Domestic Immersion Health Information Form

Student's Name: _____

Date of birth: _____

Immersion Program: _____

Please indicate your physical and mental health needs for your participation in a Moreau Center sponsored Immersion experience. This information may be vital if you are involved in any emergency during the program. You may write on the back if you need more room for any of your answers. Thank you for your help in this matter.

1. Significant medical history (major illness or injuries, hospitalizations, or surgeries)

2. Current Medications

3. Allergies (including medication allergies and reactions)

4. Special Dietary Needs (or Restrictions)

5. Are there any other concerns or needs that would be helpful for the Moreau Center to know?

Health Insurance provider: _____

Group #: _____

Individual Membership #: _____

Emergency Contact Name: _____

Relationship to Student: _____

Emergency E-mail: _____

Emergency Phone: _____

Please be aware that if a student has special health needs, dietary needs or a disability which will require accommodation while the student is participating on an Immersion, the student should discuss this with the Moreau Center and Accessible Education Services located in the Buckley Center as soon as possible. Eligibility for participation on an immersion will not be based on a student's disabilities. The University does reserve the right to determine whether particular accommodations may be appropriate or possible in specific programs.

This form may be viewed by the student coordinators, Moreau Center staff, University administrators and/or Health Center staff, but will remain confidential to those specified individuals unless otherwise discussed with the individual reporting the information.