

PENNSYLVANIA GOVERNOR'S INSTITUTE

FOR WORLD LANGUAGE EDUCATORS

July 20-25, 2008
Villanova University

MEDICAL HISTORY FORM

NAME (Last) (First) (Middle Initial)

College/University or other Affiliation

Name of Person to Notify Home Phone Office Phone

Medical/Health Insurance Co. I.D. Number Service Code Group Number

Family Doctor Address Phone

CURRENT MEDICATION (IF APPLICABLE) Prescription No. Dosage

Pharmacy Pharmacy Address Phone

Known Allergies (medications, insect bites, etc.) Glasses (Y or N) _____
Contacts (Y or N) _____

RECENT OPERATIONS OR ILLNESSES (Description) (Date)

SPECIAL NEEDS - Diet, refrigeration of drugs, etc.

Date

Signature

This is a secured document

**Please return this form to: Ryan Rost, Assistant Dean of Students, Villanova University,
213 Dougherty Hall, Villanova PA 19085**

by June 20, 2008

(OVER)

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MEDICAL HEALTH RECORD AND RELEASE FORM

Villanova University will make every effort to guard the health, safety, and welfare of the participants in the Pennsylvania Governor's Institute for World Language Educators programs. Despite these efforts and the precautions taken, it can be anticipated that an emergency, sickness, or injury may affect participants in our program.

Neither Villanova University nor any officer, director, employee, or agent with Villanova University nor any party, organization, or agency collaborating with Villanova University is or shall be responsible or liable for any injury, loss, damage, deviation, delay, or curtailment, however caused, or the consequences thereof, which may occur during any part of the program. Also, Villanova University accepts no responsibility whatsoever for members of the program during free time activities. Villanova University therefore requires that each program participant carry appropriate medical and liability insurance.

I have read the above paragraphs and do accept the statement set forth by Villanova University.

(Date)

(Signature)

Please complete the MEDICAL HISTORY FORM (on the back of this page) as background information to enable prompt and proper care in the event of illness or injury.

This is a secured document

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by June 20, 2008

(OVER)