

Student Travel - Health & Emergency Contact Form

* Required

Personal Information

1. Email *

2. First Name *

As displayed on your passport, or ID card.

3. Preferred First Name *

4. Middle Name/Initial

As displayed on your passport, or ID card..

5. Last Name *

As displayed on your passport, or ID card..

6. Date of Birth *

Please double check to make sure you entered the correct year! (i.e. NOT 2020)

Example: January 7, 2019

7. Sex* *

*For medical and insurance purposes.

Mark only one box.

Male

Female

8. Gender Identity *

9. Cell phone number *

10. RISD email *

Current status

11. What is your current status? *

Mark only one box.

RISD student

Faculty *Skip to question 15*

Teaching Assistant (TA) *Skip to question 12*

RISD Student's information

12. RISD ID number *

13. Are you an international student at RISD? *

Mark only one box.

Yes

No

14. If you are not a US citizen, are you a permanent resident?

Mark only one box.

Yes

No Skip to question 15

*While sharing health information **is not required**, providing it can be helpful in case of an emergency during travel. RISD will share what you have provided with the employee leading the trip and Student Life department if necessary, but will treat all disclosed health details as confidential. If you're already in contact with RISD Health Services, RISD Counseling and Psychological Services (CAPS), or Disability Services, we encourage you to discuss any concerns or potential accommodations with them before departure. Please notify your trip leader of any relevant changes to your health before the start of the program.*

15. Have you ever been or are you currently being treated for a physical health condition? If so, please explain.

a) Do you have any of the following: Cerebral palsy, or other physically debilitating ailment such as MS, JRS, SLE, MDD. If so, please explain.

Yes

No

b) Any allergies severe enough to cause a reaction such as hay fever or allergies to cigarette smoke, food, bee stings or other insect bites? Any known drug allergies? Do you carry an EpiPen? If so, please explain.

Yes

No

c) Any history of seizures, epilepsy, or convulsive disorder (controlled or not)?
If so, please explain.

Yes

No

d) Any gastrointestinal disorders such as nervous stomach, ulcer, or colitis?
If so, please explain.

Yes

No

e) Impaired hearing or deafness, significant loss of sight or legal blindness?
If so, please explain.

Yes

No

f) Recent operations and/or hospitalizations? If so, please explain.

Yes

No

g) Asthma or any other problem of the respiratory or cardiac system? Do you use an inhaler?
If so, please explain.

Yes

No

h) Diabetes (including whether insulin-dependent or not—please specify insulin type, dose, frequency, and testing method)? If so, please explain.

Yes

No

- 16.** Have you ever been or are you currently being treated for a mental health condition? If so, please explain.
If not applicable, write N/A.
- 17.** Are you currently taking any medications, including prescribed and over-the-counter (OTC)?
If so, please list.
If not applicable, write N/A.
- 18.** Are you on a restricted diet or do you have any food allergy? If so, please explain.
If not applicable, write N/A.
- 19.** Are you on a specific diet (vegetarian, vegan, etc)? If so, please explain. If not applicable, write N/A.
- 20.** Do you have any other allergies? If so, please list.
If not applicable, write N/A.
- 21.** Additional comments or concerns?

Emergency detail and information

Emergency contact details will be shared with the employee leading the trip but kept confidential by RISD, as well as with relevant health and safety offices if necessary. Contacts should be family members, guardians, or trusted individuals only. Please notify your trip leader of any changes to your emergency contact information before the program begins.

Note: Other RISD students cannot be listed as emergency contacts.

22. Emergency Contact : First and Last Name *
23. Emergency Contact: Relationship to you
24. Emergency Contact: Phone Number *
25. Emergency Contact: Email *
30. Who should we contact in the event that you are determined to be missing for more than 24 hours? (If you are under the age of 18 the law requires we notify your custodial parent or guardian.) Please include name, email and phone number.

If this person is an emergency contact already listed above, please indicate that.

Mark only one box. *

Emergency Contact

Other:

Student's Certification*

31. I certify that all responses made on this form are true and correct to the best of my knowledge. I will promptly notify faculty of any relevant changes in my health prior to or during the trip. I understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in an emergency situation that raises significant health and safety concerns, then RISD and RISD Health, Counseling Center and/or Disability Services may contact my parent(s), legal guardian(s), or any other persons whose name I have provided as my "emergency contact" to discuss any medical, mental health and/or disability concerns.

I also hereby authorize RISD to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify RISD, its agents,

its employees, and all those acting through it for any and all actions taken by RISD to provide or obtain emergency medical care for me during the Trip.

I agree and understand that submission of this form is mandatory in order to successfully participate in this program.

Sign Here: