

## 2010 - University Field Courses application and medical form

I am applying for \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

University: \_\_\_\_\_

Student Number: \_\_\_\_\_ Gender: F M

Local Address:  
Address valid from: \_\_\_\_\_ to \_\_\_\_\_

Permanent Address:  
Address valid from: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Send a \$250 (non-refundable) deposit with your application. Full payment is due a month before your course starts.**

### HEALTH INFORMATION

Vegetarian: No \_\_\_\_\_ Yes \_\_\_\_\_, but will eat \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Allergies/ Serious Health Conditions: \_\_\_\_\_

Please give any drug sensitivities, regular medications and other information that might be of significance to a physician or hospital treating you in an emergency situation. Use the back of the form.

### MEDICAL INSURANCE

Health Insurance Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insurance Company and Policy Number (s): \_\_\_\_\_

Signature of Policy Holder (if not student): \_\_\_\_\_

*Policy holder guarantees that additional insurance is in force for the duration of the field course.*

### EMERGENCY INFORMATION

Date of Birth: \_\_\_\_\_

Give the name and contact information of a person who can be reached in an emergency, during the course dates.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_