

Huntsman Marine Science Centre 2012 - 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 _____

Allergies/Special Dietary Requirements/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 _____

*****KEEP A COPY OF THIS FORM FOR YOUR RECORDS*****

Return completed form and cheque to: Education Department Huntsman Marine Science Centre
1 Lower Campus Road, St. Andrews, NB E5B 2L7 or fax to: 506-529-1212