



# College of Science and Engineering

1600 Holloway Avenue • San Francisco, CA 4132-4163  
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## Student Field Trip Registration

Class/Project: \_\_\_\_\_ Date of trip: \_\_\_\_\_

Instructor/Leader: \_\_\_\_\_ Dept: \_\_\_\_\_

### Personal Information (Please Print)

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student ID# \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Under 18? \_\_\_\_\_ (Parents must sign for minors) Major \_\_\_\_\_

### Medical Disclosures

(1) Do you have any medical conditions that field trip staff or faculty should know about if any emergency occurs during the trip?

No Yes, please explain. Give instructions, medical contact, etc.

\_\_\_\_\_

(2) Do you have any allergies we should know about? None/Don't Know Nuts

Bees/Wasps Other, please explain \_\_\_\_\_

### Emergency Contacts

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**If I am unconscious, need immediate medical attention and the person listed above cannot be reached, I give my permission to be medically treated: YES NO**

**Medical Insurance** None Yes Company \_\_\_\_\_

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

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent's signature if student is a minor)