



**Nyack College's
Washington Semester**

**Medical Release & Emergency Contact
Off-Campus Programs**

Please type or print

All students, faculty, staff or volunteer staff should have insurance coverage while they are on a college-sponsored program. Complete the following information and send a copy of this release to the Nyack DC office well in advance of your departure for the program.

NAME _____ **Student ID #:** _____

Primary Emergency Contact: _____ **Relationship:** _____

Phone: _____ **E-Mail Address:** _____

Mailing Address: _____

Secondary Emergency Contact (The secondary contact will only be used if the college is unable to reach the primary contact in a timely manner.):

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Mailing address: _____

Medical Insurance Information:

Company: _____ **Policy type:** _____

Policy # _____ **SS #** _____

Medical Information:

Will you be bringing any prescription medication? ____ What kind? _____

For what condition? _____

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

List any major illnesses in the past year: _____

Other conditions of which Nyack College or a treating physician should be aware: _____

Release (To be signed by you in the presence of a notary public)

In case of unconsciousness, or inability to release myself for medical treatment resulting from an accident on Nyack College's Washington Semester, which requires medical attention, I, _____ give my permission to Nyack College, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to hospitalize, anesthetize, or perform surgery on me as is required. I, _____ the undersigned, do release, acquit, discharge and covenant to hold harmless Nyack College Corporation, its representatives from all actions, damages or liabilities arising out of the treatment of any sickness or accident incurred by my participation on the trip. It is the intention of this release that the above Nyack College and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during the program.

Student Signature: _____ **Date:** _____

State of _____ **County of** _____ . Sworn to and subscribed to me
this _____ **Day of** _____ 20__.

Notary Public Signature: _____ **My commission expires:** _____

**Copy to: Nyack College, DC Campus, Attention Charity Haubrich ~ Hall of the States Building, Suite 700
~ 444 N. Capitol St. NW ~ Washington, DC 20001 ~ 202-220-1300**