



College of Science and Engineering

1600 Holloway Avenue • San Francisco, CA 4132-4163
(415) 338-1571 • FAX (415) 338-6136

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)