CSULB RESEARCH FOUNDATION

Voluntary Medical Disclosure Statement and Assumption of Risk

Youth Activity:	from	, 20	to	, 20
Participant:First	Last	Middle		Age:
The following medical informatio] ^c^\dc@i\dau [\ \dau & \ \wc^\ ^\dau \\dau \dau \dau \dau \dau \dau \dau	n may be necessary in the ev kc@^kà^•ck[-k^[` kæàā āc^ÈkV@^k-æ •][}åkc[kæ}kā}b` ^k[!kā }^••ÈkØa sness of an accident or illness ^æ•^k] ä}ck^[`!k!^•][}•^•kc[k	ent of serious illn ;&c•Á^ [ˇÁåā•& [•^Á æā ˇ ^Ác [Áåā•& [•^Á , particularly if yo ^}•ˇ ^Á ^*āàā āc°ÉÁ	¸ã Áà^Á\^]cÁ&[æ&&ˇ¦æc^Áæ}åÁ& u are unable to	} , å^}ciæ Áæ}åÁ ¸ ā Á & [{] ^c^Ái}~[¦ { æ- o respond clearly
DIETARY RESTRICTIONS: Plea ies) that the Participant may hav		-	, lactose intole	erant, food allerg-
MEDICATIONS: Please list all medicines, prescribed or over-the scription to administer. This inclusionscreen.	e-counter, should be transpor	ted in its original _l	packaging with	a written pre-
VÜÒŒVQÞÕÁÚPŸÙQÔQŒÞqÙÁÞŒT(ÒÆÞÖÁÚPUÞÒÁÞUÈ			
Any special needs we should be	aware of?			
Assumption of Risk A@@ç^Á&[}•` c^åÁ¸ic@ÁæÁ { ^åi&æ all applicable personal medical preclude or restrict his/her partic needs. The Research Foundatio be warranted under the circumsta thereto and release the Research	needs for him/her. He or she cipation in this program. I ass n and/ or University may, but i ances regarding his or her hea	has no health reume all risk and us not obligated to all the and safety. I a	elated reasons responsibility for take any action gree to pay all	or problems that or his/her medical ons it considers to expenses relating
Parent/Legal Guardian Signature	e	Name of Minor P	articipant	
Name of Parent/Legal Guardian	(Please Print)	Address of Partic	 pipant	