



College of DuPage

**Field and Experiential Learning, Study
Abroad and Global Education**
Berg Instructional Center (BIC), Room 3520
Phone: (630) 942-2356
Email: fssa@cod.edu (<mailto:fssa@cod.edu>)

Release/Medical Short Form

Read this form carefully. Your signatures will signify that you have done so.

Questions? Email: fssa@cod.edu (<mailto:fssa@cod.edu>)

Course Name

Student Name

Student ID



I understand that, as a participant in and under the arrangements of the College of DuPage Field and Experiential Learning/Study Abroad (FSSA) course, certain risks and dangers may occur. These risks can include but are not limited to: death; injuries, including but not limited to those from adverse weather, rough terrain, equipment failure, transportation accidents, animals, or plants; drowning; trauma from falling objects; injuries caused by other people's actions or negligence; communicable diseases; accidents or illnesses in remote areas; and the hazards of traveling in diverse environments. I understand that I may experience illnesses or medical emergencies when participating that may require hospitalization or medical treatment.

I understand that neither College of DuPage, nor its employees and agents, have any responsibility for medical costs incurred on my behalf in the event of an illness or medical emergency. I hereby certify that I am covered by a medical insurance plan. Such medical insurance is a requirement for participation in this FSSA course. In the event of an accident, injury, illness, or death, I agree to pay for any necessary evacuation and medical expenses.

I understand that neither College of DuPage, nor its employees and agents, shall be held liable for events beyond their control including but not limited to; strikes; war; terrorism; loss or theft of personal property; weather; government actions, restrictions, or regulations; or delays, changes, or cancellation in itineraries; for acts, errors, changes, or omissions of persons or entities outside their control including but not limited to; transportation companies; tour companies; hotels; restaurants; hospitals; and other suppliers of FSSA course services.

I understand that College of DuPage, nor its employees and agents, are responsible for: bodily injury (including death); financial injury; property damage due to the criminal acts of third parties; or medical negligence of health care responders, by companies which provide services during the trip.

PUBLIC HEALTH EMERGENCIES

I am voluntarily participating in the FSSA course, and I understand that College of DuPage and its agents are not responsible in any manner for any risks related communicable diseases. I am fully aware that participation in the FSSA course (including any related travel) carries with it certain inherent risks related to the transmission of communicable diseases that cannot be eliminated regardless of the care taken to avoid such risks. Risks may include but are not limited to; (1) the risk of coming in close contact with individuals who may be carrying communicable diseases; (2) the risk of transmitting or contracting communicable diseases, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such inherent risks.

CONDUCT

Moving the classroom out into the world adds responsibility for both faculty and students. The faculty is in complete charge of the FSSA course. The faculty may require a student to leave the course at any time if, in their sole discretion, they feel the student's participation may be detrimental to the course, or to the member's health. All expenses incurred in leaving a course are the responsibility of the student. The faculty will provide reasonable supervision, instruction and/or guidance for the experience. The faculty is not expected, however, to provide in-loco-parentis, or supervision of free time. Students are responsible for their actions at all times.

DRUG AND ALCOHOL USE

The use of drugs and alcohol is strictly prohibited from all instruction-related activities. Any individual using drugs or alcohol during instruction, or at other times when asked to refrain, or in a manner that is detrimental to the FSSA course, or the student's health, may be dismissed from the FSSA course at the sole discretion of the faculty.

SPECIFIC CONDITIONS ASSOCIATED WITH SOME FIELD EXPERIENCES

The following information describes risks that may be associated with the activities in this FSSA course. Death is a possibility in any FSSA course. In case of medical emergency, the faculty will attempt to arrange evacuation and coordinate first aid until adequate help can be obtained. Field experiences will generally be undertaken under all but the most extreme weather conditions. Severe weather such as rain, snow, and extreme heat may be encountered. These activities can be physically demanding. Falls and the full range of injuries associated with being outdoors are possible. Rescue in the case of illness or injury may not be immediately available due to remote location.

**COLLEGE OF DUPAGE FIELD AND EXPERIENTIAL LEARNING/STUDY ABROAD
BELIEVES IN "CHALLENGE BY CHOICE."
YOU HAVE THE RIGHT NOT TO PARTICIPATE IN ANY ACTIVITY THAT IS A PART OF ANY
FIELD STUDY.**

I have read and understand the **Liability Release and Assumption of Risk** form and agree to the terms therein.

Signature

Date

09/22/2025

MEDICAL INFORMATION

GENERAL HEALTH STATUS: Please summarize your current health status. Provide additional information as needed.

Mental Health: Good Reason for Concern

Physical Health: Good Reason for Concern

Additional information:

ALLERGIES: Please provide details below.

None Food Insect Medicine Latex Other

Do you carry an Epi-Pen? Yes No

Allergy details:

EMERGENCY CONTACT

Primary Contact

Relationship

Cell/Phone

Email

City/State

I agree to release and hold harmless College of DuPage, its trustees, officers, employees, volunteers, agents and assigns, the State of Illinois, faculty and assistants from all claims, including personal and financial injury, and loss or inconvenience that may arise during my participation in the College of DuPage FSSA course. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators, and for all members of my family, including minors.

I have read and understand the **Liability Release and Assumption of Risk** form and agree to the terms therein. I confirm that the medical information contained herein is accurate and truthful to the best of my knowledge. I authorize College of Dupage and its agents to use this information in an emergency.

Signature

Date

09/22/2025

If Participant is under eighteen years of age, a Parent or Legal Guardian must ALSO sign this form. Select one:

Participant is under eighteen years of age Participant is over eighteen years of age