



Westmont College
WSF Adventure Trip Physical and Mental Health,
and Disability Services Information Form

Full Name: _____ Major: _____
Program: _____ First Year or Transfer?: _____

*This form allows the Westmont in San Francisco faculty/staff to be made aware of any significant medical or psychological history, or verified disabilities past or current, which might affect you in an off-campus study context so as to be of maximum assistance to you should the need arise during your Pre-Orientation Adventure Trip. **Students with significant physical/mental health issues should consult with the Health Center/Counseling Center or privately arranged physical/mental health providers ASAP re: the feasibility and plan for care during an off campus program. Students who have been diagnosed with a disability (learning, physical, or psychological) are requested to contact the Disability Services office ASAP so as to discuss appropriate accommodations for participation on the Urban Adventure Trip.** Westmont in San Francisco may not be able to accommodate all individual needs or circumstances. The information you provide here will only be used by program staff, faculty, or appropriate professionals for your well being and will otherwise be kept confidential.*

* **I am currently working with Disability Services on campus** yes no
If you marked "yes", you are responsible to follow up with Disability Services to make arrangements for accommodations while participating on an off campus program.

* General state of health: excellent good fair poor

* Do you have any dietary restrictions that are **physician prescribed?** yes no
If yes, please list _____

* Do you have any additional dietary **needs/preferences** (i.e. kosher, vegetarian) yes no
If yes, please list _____

* Do you have any food allergies? yes no
If yes, please list allergies and indicate if you carry an EpiPen

* Are you allergic to any medications? yes no
If yes, please list _____

* Are you allergic to any other environmental factors (i.e. bees, wasps, etc.) yes no
If yes, please list allergies and indicate if you carry an EpiPen

* Have you been hospitalized or treated for diabetes in the past year? yes no

* Have you been treated in an emergency room or hospitalized for asthma in the past year? yes no

* Have you experienced a seizure or a loss of consciousness in the past year? yes no

* Do you have a serious or chronic health condition requiring ongoing care? yes no

* Do you have any fractures, arthritis, muscle or joint pain which would limit your motion or activity?
 yes no

* Do you have or have you ever had an eating disorder? yes no

* Have you been treated by a psychiatrist or psychologist for a mental health condition within the last 5 years?
 yes no

* Are you currently taking any medication? yes no

Please list any current medications (name, dosage, for what condition):

* Are you aware of any physical or mental health history (in addition to the information you've already provided above) which may, under the stress of travel, possibly impact your ability to fully participate in the activities on this program?
 yes no

If you have checked yes to any of the above questions, please use the backside of the form to write an explanation for each item.

I understand that occasionally the deterioration of a student's physical or mental health—or a student's risky behavior or violation of community life expectations—requires a student to leave the program. If I or the leaders (in consultation with members of Westmont's Care Team) determine that my situation poses an imminent risk of substantial harm or a significant disruption to the program that cannot be mitigated, I understand that I will need to return home and all costs will be borne by me or my family. In a situation where it is not safe for me to return home solo my parents or I will assume the cost and responsibility of finding someone to accompany me home.

I am willing to be contacted by Westmont College to discuss in more detail information provided above.

I certify that all the responses made on this Information form are true and accurate, and I will notify Westmont College hereafter of any relevant changes to the above history that occur prior to the start of the program.

Signature of Student: _____ Date: _____