CSULB RESEARCH FOUNDATION

Voluntary Medical Disclosure Statement and Assumption of Risk

Youth Activity:	from	, 20	to	, 20
Participant:First	Last	Middle	Aç	ge:
The following medical informatio \^c^\dc@i\dau\ \{ \daw&\\approx\delta\ellapse\delt	on may be necessary in the ev kc@^kà^•ck[-k^[* lkæàā āc^ÈkV@^k-a •][}åkc[kæ}kā}b*'l^k[kā }^••ÈkØ sness of an accident or illness l ^æ•^k]!ā}ck^[*lk!^•][}•^•kc[ent of serious illne e&c•Á^ [ˇÁåā•& [•^Á æā ˇ l^Ác [Áåā•& [•^Á , particularly if you Á^}• ˇ l^Á ^*āàā āc^ÈÁ	ِ اَالْهُمُلْمُ ﴿] دَلْهُ [} ِ &&&` ¦æد^لُæ} هُلْهُ [u are unable to ا	, å^}ciæ Áæ}åÁ ¸ ā Á [{] ^c^Ái}~[¦ { æ- respond clearly
DIETARY RESTRICTIONS: Plea ies) that the Participant may hav	•	-	, lactose intolera	ant, food allerg-
MEDICATIONS: Please list all n medicines, prescribed or over-th scription to administer. This inclusionscreen.	e-counter, should be transpor	ted in its original إ	packaging with a	a written pre-
VÜÒŒVQÞÕÁÚPŸÙQÔQŒÞqÙÁÞŒT(ÒÁŒÞÖÁÚPUÞÒÁÞUÈ			
Any special needs we should be	aware of?			
Assumption of Risk A@@ç^Á&[}•` c^åŸic@ÁæÁ { ^åi&æ all applicable personal medical preclude or restrict his/her partic needs. The Research Foundatio be warranted under the circumst thereto and release the Research	needs for him/her. He or she cipation in this program. I ass in and/ or University may, but ances regarding his or her hea	has no health reume all risk and rest is not obligated to alth and safety. I a	elated reasons of responsibility for , take any action gree to pay all e	or problems that r his/her medical ns it considers to xpenses relating
Parent/Legal Guardian Signature	e	Name of Minor P	articipant	
Name of Parent/Legal Guardian	(Please Print)	Address of Partic	 pipant	