



Supplemental Data for University of Hawai‘i Archaeological Field School, Rapa Nui, 2002

Name:

Birthdate:

Person to notify in case of an emergency

Name:

Address:

Telephone [day]: ()

[evening]: ()

Email:

[FAX]: ()

Have you ever worked under conditions like those described on the field school home page before? (describe).

Do you have any allergies or dietary restrictions of which we should be aware? Include allergies to medications, food, environmental substances, etc. (While we will try to accommodate basic food restrictions and allergies, the limitations of provisioning and cooking for a large crew makes it impossible to address every diet: be specific).

List any medications that you take that may impact emergency medical treatment. It is essential that you bring a full supply of essential prescription medications with you. It will be impossible to refill prescriptions in the field. Be certain to keep such medicines in properly labeled containers. Students should be current in their vaccinations, especially tetanus.

Please list any other health or medical problems of which the field school staff should be aware.

Primary Physician :

Telephone: ()

When you have entered in all required information in the fields provided, print these two pages and attach to your application packet