Part VI: Continued Participation in Experiential Education Programs

Please use the following section if attending additional EE trips. Each time you attend another trip, please confirm that the above medical information has not changed. If it has, please complete and submit a new medical form.

**Trip 1:** By signing below I am confirming that the information above is accurate and has not changed since the last time I filled out a medical form.

__________________________________________________________________________  ____________________________  __________
Signature of Participant          Date                      Trip

**Trip 2:** By signing below I am confirming that the information above is accurate and has not changed since the last time I filled out a medical form.

__________________________________________________________________________  ____________________________  __________
Signature of Participant          Date                      Trip

**Trip 3:** By signing below I am confirming that the information above is accurate and has not changed since the last time I filled out a medical form.

__________________________________________________________________________  ____________________________  __________
Signature of Participant          Date                      Trip

**Trip 4:** By signing below I am confirming that the information above is accurate and has not changed since the last time I filled out a medical form.

__________________________________________________________________________  ____________________________  __________
Signature of Participant          Date                      Trip

**Trip 5:** By signing below I am confirming that the information above is accurate and has not changed since the last time I filled out a medical form.

__________________________________________________________________________  ____________________________  __________
Signature of Participant          Date                      Trip

**Trip 6:** By signing below I am confirming that the information above is accurate and has not changed since the last time I filled out a medical form.

__________________________________________________________________________  ____________________________  __________
Signature of Participant          Date                      Trip

**Trip 7:** By signing below I am confirming that the information above is accurate and has not changed since the last time I filled out a medical form.

__________________________________________________________________________  ____________________________  __________
Signature of Participant          Date                      Trip