

**SUMMER WRITING INSTITUTE AT RHODES COLLEGE - HEALTH INFORMATION FORM**

Student's Name:

Birth Date: / /

Gender: M / F

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First

Last

MM DD YY

The purpose of this form is to help the College be of maximum assistance to you should the need arise during your stay on campus. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The College may not be able to accommodate all individual circumstances.

**MEDICAL HISTORY**

Yes\_\_\_No\_\_\_ 1. Are you generally in good physical condition? (If no, explain.)

Yes\_\_\_No\_\_\_ 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, explain.)

Yes\_\_\_No\_\_\_ 3. Do you have any allergies? (If yes, explain.)

Yes\_\_\_No\_\_\_ 4. Are you taking any medications? (If yes, list medication and bring only enough for the duration of the Summer Writing Institute.)

Yes\_\_\_No\_\_\_ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, explain.)

Yes\_\_\_No\_\_\_ 6. Are you a vegetarian or are you on a restricted diet? (If yes, explain.)

Yes\_\_\_No\_\_\_ 7. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of in the event of a medical emergency? (If yes, explain.)

**INSURANCE AND EMERGENCY INFORMATION - Please include a copy of both sides of your insurance card.**

Emergency contact name \_\_\_\_\_ Relationship\_\_\_\_\_

Emergency telephone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance telephone \_\_\_\_\_

*I/we certify that all responses made on this Health Information form are true and accurate, and I/we will notify the College hereafter of any relevant changes in health that occur prior to the start of the program.*

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Parent Name \_\_\_\_\_ Date \_\_\_\_\_ Student Name \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_