

SUMMER WRITING INSTITUTE AT RHODES COLLEGE

HEALTH INFORMATION FORM

Student's Name: _____ Birth Date: ____ / ____ / ____ Gender: *M / F*
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, explain.)

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 Xerox 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.

Parent Name Date

Student Name Date

Parent Signature Date

Student Signature Date