

EMERGENCY INFORMATION

Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Entry Term		

Name of Parent or Guardian EMERGENCY CONTACT (Parent or Guardian)	Home Phone	Cell Phone
---	------------	------------

Last Name	First Name	Home Phone	Work Phone	Cell Phone
Last Name	First Name	Home Phone	Work Phone	Cell Phone

MISSING PERSON EMERGENCY CONTACT

(Only if different from above, this name will be called in place of the above name in the event a student were to become a missing person.)

Last Name	First Name	Home Phone	Work Phone	Cell Phone
-----------	------------	------------	------------	------------

INSURANCE INFORMATION

Name of insurance company _____

Policy/ID No. _____ Group No. _____ Plan No. _____

HEALTH HISTORY

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Blood pressure problems | <input type="checkbox"/> Glaucoma or Cataracts | <input type="checkbox"/> Measles | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Goiter | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Bulimia | <input type="checkbox"/> Gout | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Chemical dependency | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Strokes |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hernia | <input type="checkbox"/> Mumps | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Prostate Problems | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Psychiatric Care or Problems | <input type="checkbox"/> Other _____ |

Current Medication(s): _____

Current health problems and past health problems: _____ Allergies: _____

Explanation of conditions: _____

Other medical problems: _____

STUDENT TREATMENT CONSENT

In case of serious illness or accident, I give Tusculum University (or its representative) permission to secure medical and/or surgical care to include transportation to a doctor or hospital of their choice, injections, examination, medication, and surgery that is considered necessary for my good health. I agree to pay all costs associated with my medical care.

All statements in this medical record are true to the best of my knowledge and belief. Should any change in my health status occur, I understand Student Success should be notified in writing.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

AUTHORIZATIONS

In accordance with HIPAA and other confidential provisions, and in order to provide continued and appropriate medical care, I give Tusculum University or its representatives permission to release personal health information to health care professionals/medical facilities.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

SSA _____