YOUTH PROGRAMS ON CAMPUS
STUDENT HEALTH INFORMATION FORM

YOUTH PROGRAM:

Name of Campus Program: ____

Dept/Organizer Contact Name: ____

Phone: ______________ Email: _______________________________________

On-Campus Program Location(s) and Date(s): ____________________________

____

Description of Program: ____

____

STUDENT INFORMATION:

Printed Name: ____ DOB: ________
Last First

Home Address: ____

City: ___________________________________ State: ______ Zip: _________

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: ____

Address: ____

Phone #: _______________________ Emergency Phone #: ____________________

HEALTH INSURANCE INFORMATION:

Company Name: _______________ Policy #: _______________ Group #: _________

Name of Policy Holder: ____

Student's Physician: ____

INDIANA STATE UNIVERSITY

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Please provide the information requested below, as it may be needed in case of an emergency.

Allergies: ____

____

Conditions requiring special consideration (medical/physical): _______________________

____

____

Does your student require:

Epipen □ Yes □ No

Inhaler □ Yes □ No

Any medication currently taking (type of medication and time of administration):

____

____

____

____

Emergency Contact Information:

Primary contact name: ____

Relationship to student: _______________

Cell Phone #: ______________ Work Phone #: _______________ Other: _______________

Secondary contact name: ____

Relationship to student: _______________

Cell Phone #: ______________ Work Phone #: _______________ Other: _______________

TO ANY DOCTOR AND/OR HOSPITAL:
I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child.

Parent/Guardian Signature: ____

Department: _________________________________ Rev: ________