

BACONE COLLEGE MEDICAL RELEASE FORM

Student's Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

*****Emergency Information*****

In case of an emergency, contact:

Name: _____ Relationship _____

Emergency Phone Number: _____ Cell Phone: _____

Name: _____ Relationship: _____

Emergency Phone Number: _____ Cell Phone: _____

*****Physician Information*****

Physician Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Student Medical Information:

Allergies _____

Current Medications and Dosages:

Any Illness to which student is prone:

History of (Please Circle)

Asthma	Dizziness	Heart Disease	High Blood Pressure
Epilepsy	Hypoglycemia	Fainting Spells	Low Blood Pressure
Mononucleosis	Diabetes	Headaches	Polio
Hepatitis A	Hepatitis B		

Other (Explain)

Please elaborate on any medical information that the institution may need:

*******Insurance Information*******

Proof of Medical/Accident Insurance must be provided before you can be placed in a dorm.

Please submit a copy of the following information:

- Insurance Card Gold Seal Medical Expense Insurance (if no insurance card)
- Immunization Record CDIB __, if applicable Theft & Fire Insurance (optional)

Policy Holder's Name:

Medical Insurance Contract Number: _____ Policy Number:

Are you interested in signing up for the theft and fire insurance that is available to you? Yes No

Student Signature _____ Date _____

The following information will be signed when the student completes the housing process during registration:

The above information is accurate to the best of my knowledge. I give permission to release information to insurance companies or medical personnel.

Parent/Guardian Signature: _____ Date: _____

Should I be unconscious, I give permission to an adult representative of Bacone College to act as a spokesmen in granting permission for emergency treatment including anesthesia, if necessary.

Student's Signature: _____ Date:

Parent/Guardian Signature: _____ Date:

7/17/06