

MEDICAL INFORMATION FORM

Please print clearly and complete the form in its entirety. **All** medical forms are due **TWO** weeks prior to start of program or participant can not attend.

Name of Program: _____

Name of participant _____ Date of Birth _____
Last First MI

Address _____
Street City State Zip

Telephone: day () _____ night () _____ cell () _____

Emergency Contact _____

Prescription medications currently prescribed (if any)* _____

Over-the-counter medications currently taking (if any) _____

Drug allergies (if any) _____

Other allergies (if any, especially to stinging insects [you must bring EpiPen to program], peanuts, latex, etc.)

I give permission for _____ (name of participant) to participate in the program stated above, and in the event of an emergency or illness, to be treated in the Ithaca College health center, local medical facility, or by a local physician.

Signature Parent or Guardian Date

MEDICAL INSURANCE INFORMATION

Name of policy holder/subscriber _____

Name of insurance company _____

Group name _____ Policy no. _____ Contract no. _____

TO BE FILLED OUT BY PHYSICIAN OR HEALTH CARE PROVIDER

IMMUNIZATIONS: Provide month/year (required):

Chicken Pox: 1. _____ 2. _____ **DPT:** 1. _____ 2. _____ 3. _____ **Oral Polio:** 1. _____ 2. _____ 3. _____ 4. _____

Hepatitis B: 1. _____ 2. _____ 3. _____ **HIB:** 1. _____ 2. _____ 3. _____ 4. _____ **DT Booster:** _____

MMR: 1. _____ 2. _____ **- OR - Measles:** 1. _____ 2. _____ **Mumps:** 1. _____ 2. _____ **Rubella:** 1. _____ 2. _____

Health restrictions and/or limitations (if any): _____

Physicians or Health Care Providers Signature

MEDICAL SERVICES

The Ithaca College health center is open Monday through Friday from 8:00 a.m. until 6:00 p.m. Minor injuries and health problems are treated by the staff nurse. A College physician is also available during regularly scheduled hours each day. If necessary, referrals are made to local physicians and medical facilities. Medications dispensed at the health center and services at all off-campus medical facilities are on a fee-for service basis. Payment of these fees is the responsibility of the program participant or his/her family.

***Note: Prescription medications must be in original containers with the prescriber's name on the label.**