

# 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 cannot 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.**