THE Pioneer EXPERIENCE

ESTABLISHED 1794 TUSCULUM STUDENT AFFAIRS

EMERGENCY INFORMATION

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Date of Birth _____ Gender: ☐ Female ☐ Male Entry Term_____

Name of Parent or Guardian _____ Home Phone _____ Cell Phone _____

EMERGENCY CONTACT (Parent or Guardian)

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

☐ AIDS
☐ Alcoholism
☐ Anemia
☐ Anorexia
☐ Anxiety
☐ Appendicitis
☐ Arthritis
☐ Asthma
☐ Back problems
☐ Bladder problems
☐ Blood pressure problems
☐ Bronchitis
☐ Bulimia
☐ Cancer
☐ Chemical dependency
☐ Chicken Pox
☐ Depression
☐ Diabetes
☐ Emphysema
☐ Epilepsy
☐ Glaucoma or Cataracts
☐ Goiter
☐ Gout
☐ Heart Disease
☐ Hepatitis
☐ Hernia
☐ High Cholesterol
☐ Kidney Disease
☐ Liver Disease
☐ Major Surgery
☐ Measles
☐ Menstrual Problems
☐ Migraine Headaches
☐ Mononucleosis
☐ Multiple Sclerosis
☐ Mumps
☐ Pneumonia
☐ Polio
☐ Prostate Problems
☐ Psychiatric Care or Problems
☐ Rheumatic Fever
☐ Scarlet Fever
☐ Sickle Cell Anemia
☐ Stomach Ulcers
☐ Strokes
☐ Thyroid Problems
☐ Tonsillitis
☐ Tuberculosis
☐ Venereal Disease
☐ 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 College (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 Affairs 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 College or its representatives permission to release personal health information to health care professionals/medical facilities.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ SSA_____