

HEALTH INFORMATION FORM

NMASC Health Information Form

Bring this completed form with you to registration. **DO NOT** mail in advance please.

PERSONAL INFORMATION

Print Student Name _____
Street Address _____
City, State, Zip _____ Home/Cell Phone _____
Date of Birth / / _____ Gender _____

EMERGENCY INFORMATION

Parent/Guardian Name _____
Phone 1 () - Phone 2 () -
Other adult if Parent can't be reached _____
Phone 1 () - Phone 2 () -
Physician Name _____ Phone () -

MEDICAL PAYMENT & INSURANCE INFORMATION

Person responsible for medical payment _____ Phone () -
Does student have medical insurance? **YES** **NO**
Name of Insured _____ Insurance Company _____
ID# _____ Group # _____
Street Address _____
City, State, Zip _____ Customer Service _____

***Please attach a copy of the insurance card**

BRIEF MEDICAL HISTORY

Asthma YES NO Medications _____
Diabetes YES NO Medications _____
Epilepsy/Seizures YES NO Medications _____
Heart YES NO Medications _____
Other Health Concerns YES NO If Yes, please list _____
Restricted Activity? YES NO If Yes, please explain _____
Medical Allergies? YES NO If Yes, please list _____
Current medication and dosing instructions: _____

Allergies: _____

*Note: If a student is bringing medication, please bring a supply in a labeled container.

I, the parent or legal guardian of _____, authorize my child's conference advisor, or NMASC to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching me would be dangerous for my child. I acknowledge that no guarantees have been made to me as to the result of such treatment and that I am responsible for all charges in connection with the care and treatment rendered to my child. I release, my child's conference advisor, NMASC, and its agents from any damages, liability, or loss resulting from the discretion in securing in good faith medical care for my child.

Parent Signature _____ Parent Name (please print) _____ Date _____

PARENT/GUARDIAN SIGNATURE: _____
PRINTED NAME: _____ DATE: / / _____