

# 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 (or copy it on the back of this form)*

### 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