

### Student Information

Name (Last, First, MI) \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_ ID# \_\_\_\_\_  
 City \_\_\_\_\_ Email \_\_\_\_\_  
 State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Contact (list at least one)

	Contact # 1	Contact # 2
Name		
Telephone Home		
Mobile		
Address		
City/State/Zip		

Relationship to Student (Circle one)	Spouse Other	Parent/Guardian Relative Friend	Spouse Other	Parent/Guardian Relative Friend

### Medical Information (attach extra pages if necessary)

1. Describe all prescription medications or special medical care you require. If none, write NONE.

\_\_\_\_\_

2. Describe all medications to which you are allergic. If none, write NONE.

\_\_\_\_\_

3. Describe all other allergies (including food) or special medical conditions. If none, write NONE.

\_\_\_\_\_

In the event of a serious medical emergency, contact the people I listed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_