

Health Form
Southwestern College
100 College Street
Winfield, KS 67156

Personal Information

Name of Student _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____

Sex _____ Height _____ Weight _____

Emergency Contact Person

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Alternate Contact Person

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

If you have medical insurance, your carrier will be medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No

Whose name is the insurance under? _____

Name of Insurance Company _____

Policy Number _____ Group Number _____

Family Doctor _____ Name of Practice _____

City/State _____ Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the Southwestern College activity.

Health History

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

Any allergies? _____ To medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma

_____ Insect Stings _____ Epilepsy/Nervous Disorders _____ Frequent Stomach Upsets

_____ Physical Handicap _____ Any major illnesses during the past year

If any of the above is checked, please give details (include normal treatment of allergic reactions)

Date of last tetanus shot _____ Contact Lenses/Glasses _____

Any activity restrictions? _____