Health Form

Southwestern College
100 College Street
Winfield, Ks 67156

(Please Print)

Name of Participant _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Phone No. ( ) _____ Sex _____ Height _____

Weight _____ Social Security Number _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from student): _____

City _____ State _____ Zip _____

Home Phone No. ( ) _____ Work Phone No. ( ) _____

Alternate Contact Person (use someone near the primary contact):

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone No. ( ) _____ Work Phone No. ( ) _____

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

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company

_____

Policy Number _____

Group Number _____

In whose name is the insurance?

_____

Family Doctor _____ City/Town _____

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

____ Insect stings ____ Epilepsy/nervous disorders ____ Asthma

____ Frequent stomach upsets ____ Physical handicap

____ Any major illnesses during the past year?

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

_____

_____

Date of last tetanus shot _____ Contact lenses? _____

Any swimming restrictions? ____ Yes ____ No

What? _____

Any activity restrictions? ____ Yes ____ No

What? _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by Southwestern College to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used in the event medical intervention is needed and that I am responsible for the payment of any/and all medical services.

I understand all reasonable safety precautions will be taken at all times by Southwestern College and its agents during the events and activities.
I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Southwestern College, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date