

Southwestern College
100 College Street
Winfield, Ks 67156

Health Form

(Please Print)

Name of Participant _____

Date of Birth _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone No. _____

Camp/Conference Attending _____

Dates Attending _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from student): _____

City _____ State _____ Zip _____

Cell or Home Phone No. _____ Work Phone No. _____

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

Name _____

Address (if different from student): _____

City _____ State _____ Zip _____

Cell or Home Phone No. _____ Work Phone No. _____

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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 _____

Policy Holder's Name _____

Primary Physician's Name _____

Office Address _____ 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 at Southwestern College.

Health History:

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

Any Allergies (including to medication): _____

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Epilepsy/nervous disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Stomach upsets | <input type="checkbox"/> Physical Handicap | |
| <input type="checkbox"/> 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 _____

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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