

Southwestern Community College Residence Hall Medical Information

Student's Name: _____

Home address: _____

City, State, Zip: _____

Date of Birth: _____ Gender: Male Female

EMERGENCY CONTACTS

Contact Person #1

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

If Contact Person #1 cannot be reached, Contact Person #2:

Parent/Guardian Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Family Doctor: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

(Continued on back)

Medications you are now taking or will have in your possession while living at Southwestern:

<u>Drug Name</u>	<u>Name of Issuing Doctor</u>	<u>Pharmacy Obtained From</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Have you had the meningitis vaccination? YES NO If yes, when: _____

I understand the benefits of the vaccine to prevent meningococcal disease. YES NO

Any other medical problems you now have such as diabetes, epilepsy or drug allergies, please state below
(If more space is needed, please complete on an additional sheet of paper and attach to the form):

Health Insurance Company: _____
Phone Number: _____
Insurance is under (name): _____
Policy Number: _____

The above information is true and correct to the best of my knowledge:

Dorm Resident's Signature

Date

Dorm Resident's Parent/Guardian Signature

Date