SmartLabs

YOUTH MEDICAL INFORMATION FOR STUDENT PARTICIPANTS

Student Name_____SS#_____-_____-_____

Male or Female_____ Age_____ Birthdate_____

Parent / Guardian_____Home Phone# (___)____-_____

Alternate phone#s (in case of emergency) Work (___)____-_____ Cell (___)____-_____

Home Address_____City_____ST____Zip____

Business Address_____City_____ST____Zip____

If Not Available for an Emergency, Notify the following

1) Name_____Phone#(___)_____

Address_____City_____ST____Zip____

2) Name_____Phone#(___)_____

Address_____City_____ST____Zip____

Health History (Check and provide approximate dates)

❒ Frequent ear infections	❒ Hay fever	❒ Chicken Pox
❒ Heart defect/disease	❒ Ivy poisoning, etc.	❒ Measles
❒ Convulsions	❒ Insect stings/bites	❒ German measles
❒ Diabetes	❒ Penicillin	❒ Mumps
❒ Bleeding/Clotting Disorders	❒ Other drugs	❒ Asthma

Surgery or serious injuries (dates):_____
Chronic or recurring illness:_____
Other diseases or details or above:_____
Name of Dentist/Orthodontist:_____
Do you carry family medical/hospital insurance? Yes__No__If so, indicate name & policy #:
Carrier_____Group or Policy #_____
Any specific activities to be encouraged?_____
Restricted activities?_____

IMPORTANT:

Please notify Andrews University Physics Department if student is exposed to any communicable disease during three weeks prior to the Workshop.

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Parents Authorization

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed Workshop activities except as noted by me and the examining physician.

I hereby give permission to the physician selected by Andrews University to order X-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Andrews University to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

It is expressly understood and agreed that Andrews University shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connections with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of Andrews University acting within the scope of his/her employment.

Signature_____Date_____