

College of Engineering Minority Engineering Programs Office

MEDICAL INFORMATION FORM

Student Name _____ Date of Birth _____

Home Address _____

In case of emergency we **MUST** be able to contact a parent or other responsible party. Please list a home phone number and work phone number.

Parent/Guardian #1 _____ Phone _____

Phone _____

Parent/Guardian #2 _____ Phone _____

Phone _____

If neither parent/guardian can be reached, please contact in case of emergency:

Name _____ Phone _____

Health Insurance Company and Policy# _____

The following information must be completed and signed by a parent or guardian:

1. Known allergies or dietary restrictions (food, drugs, insects, etc.)

2. Medications currently taking (dose and frequency)

3. Special medical concerns or conditions (epilepsy, diabetes, old injuries, etc.)

Physician's Name and Phone # _____

The law requires that parental permission be obtained for medical procedures performed on minors (under 18). The following consent form should be signed by parents/legal guardians so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

I, the undersigned parent/guardian of _____, hereby give permission to the physicians and attendant staff of North Carolina State University's Student Health Service to perform such diagnostic, therapeutic, and operative procedures for him/her as they deem necessary, and refer him/her to an off-campus physician when deemed appropriate. I further give permission to have my son/daughter referred to a physician off-campus in the event it becomes necessary.

Signature of parent/guardian

Date