

# 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 statement 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