

Kentucky Wesleyan College
Office of Admissions
Student Event Health Form

The health form is kept confidential and used by our staff (or emergency medical personnel). Each event participant needs a completed health form to participate in the Kentucky Wesleyan College Admissions Office activity. Please fill out this form as completely as possible. Thank you!

SECTION I – BASIC CONTACT INFORMATION

Student Name: _____

Birth date: ____/____/____ Age: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian #1

Name: _____

Relationship: _____

Day Phone: _____ Night Phone: _____

Parent/Guardian #2

Name: _____

Relationship: _____

Day Phone: _____ Night Phone: _____

Medical Contacts

Family Physician Name: _____ Phone: _____

Dentist/Orthodontist Name: _____ Phone: _____

SECTION II – INSURANCE INFORMATION

Medical Insurance Carrier: _____

Group #: _____

Policy #: _____

Policyholder's Name: _____

Relationship to participant: _____

PLEASE PROVIDE A COPY OF BOTH THE FRONT AND BACK OF THE MEDICAL INSURANCE CARD

SECTION III – MEDICATIONS

Will scholar be taking medications while on campus? Yes No
(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If the student will be taking any medication while on campus, our staff cannot administer any medications, prescription or non-prescription to scholars. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the student will need to take medications while attending our program, s/he must bring the medication to campus and assume responsibility for taking it as needed or indicated.

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

SECTION IV – ALLERGIES

_____ Scholar does not have any Allergies

_____ Scholar is allergic to:

List allergy. Describe reaction and treatment:

SECTION V – IMMUNIZATIONS

Please record the month and year of immunizations. If you do not know the dates or whether the student has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus) _____
HIB (Haemophilus Influenza B) _____
Tetanus Booster _____
Tuberculin Test _____

Polio _____
Varicella (Chicken Pox) _____
MMR (Measles, Mumps, Rubella) _____
Hepatitis B _____

SECTION VI – HEALTH HISTORY

Please know that we value your privacy. Health History information is available only to the Admission staff. The more information you provide, the better we can do our job. Thanks!

DOES THE PARTICIPANT CURRENTLY HAVE ANY OF THE FOLLOWING? (if yes, please describe)

Special dietary needs: _____

Asthma: _____

Frequent headaches: _____

Dizziness or seizures: _____

List other health problems: _____

Limitations of Activities:

Will your child require specific treatment for a medical/emotional condition while participating in our program?

Yes No

If yes, please explain.

SECTION VII – AUTHORIZATION

My child has permission to engage in all prescribed Kentucky Wesleyan College activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian: _____ **Date:** _____