



INSURANCE AND MEDICAL INFORMATION

List medications or medical conditions below including any and all allergies. Winston-Salem State University staff cannot administer medication. Medication is not allowed to be shared. If your student is prone to indigestion, headaches, or menstrual cramps, please send appropriate medication and list it here. The medication will be stored with a staff member who will allow the participant to take it as indicated on the original label. Medicines must be in the original packaging.

Name: _____ Birth date: ____ / ____ / ____

Medications (include name, doses and frequency): _____

Allergies: _____

Medical Conditions or Concerns: _____

Dietary Restrictions: _____

Insurance Information

I am covered by hospital insurance: ____ Yes ____ No

Name of Insurance Company: _____

Policy or Certificate Number: _____

Name of Parent/Guardian (if applicable): _____

Name of Doctor: _____ Phone Number: _____

This is to certify that I the undersigned parent/guardian hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician and including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), and/or clinics to release necessary medical information to our local doctors and for use in claims for insurance coverage.

AUTHORIZING SIGNATURES

Parent/Guardian Signature

Date