CALLINGS

HEALTH HISTORY & MEDICAL RELEASE FORM

(Please Print)

_____

Last Name First Name MI Date of Birth

_____

Home Address Home Phone

_____

City State Zip Code

_____

Parent or Guardian Work Phone Cell Phone

Do you have any significant health conditions (i.e. diabetes, asthma, seizures, etc.)? Y/N
If so, please list:
_____

Are you presently taking any medication? Y/N
If so, please list:
_____

Allergies (circle all that apply and in the space below describe the specific allergen and nature of reaction)
Animals/Insects Medicine/Drugs Plants Food

Any additional information (special circumstances, etc.):_____

_____

The University of Dayton strives to provide equal and easy access to programs and services for individuals with disabilities. Individuals requiring accommodations to attend the Program for Christian Leadership's Calllings program are encouraged to contact the Office of Student Learning Services with their request by June 25 in order to ensure adequate processing time. The Office of Student Learning Services can be reached via telephone at 937-229-2066, via TTY at 937-229-2059 or via email at disabilityservices@udayton.edu.

Provider Information
Family Physician _____ Office Telephone _____

Health Insurance Carrier _____ Policy # _____

Policy Holder_____ ID # _____ Group # _____

I authorize the staff of the University of Dayton Student Health Center and/or any other medical facility designated by the UD Student Health Center to provide necessary medical services for treatment of illness or injury, including diagnostic procedures such as laboratory tests and x-rays to

_____

(Name of Participant)

I understand that I will be notified in case of serious illness or injury, or if surgical treatment is necessary.

_____

Date Signature of Parent or Guardian