UNIVERSITY OF NEW ENGLAND

Medical Information Form

PARTICIPANT INFORMATION

NAME____ UNE ID (PRN) 910_____________________________

LOCAL ADDRESS ____

PHONE NUMBER __________________________________ Email:___________________________@UNE.EDU

AGE____________________ HEIGHT ________________ WEIGHT _____________

PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

NAME ____

ADDRESS ____

DAYTIME PHONE NUMBER______________________ EVENING PHONE NUMBER _______________________

MEDICAL INFORMATION AND HISTORY

PRIMARY CARE PHYSICIAN __________________________ PHONE NUMBER __________________________

LIST ANY MEDICATIONS TO WHICH YOU ARE ALLERGIC: ____

LIST ANY OTHER ALLERGIES (FOOD, PLANTS, INSECTS, ETC.) ______________________________________

NATURE OF REACTIONS____

DO YOU CARRY AN EPI-PEN? YES NO

LIST ANY ILLNESS OR CONDITIONS FOR WHICH YOU ARE NOW UNDER TREATMENT OR OF WHICH WE SHOULD BE MADE AWARE:____

____

WHAT MEDICATIONS, IF ANY, DO YOU CARRY AND FOR WHAT CONDITION?__________________________

____

Health Insurance Provider:

Company Name ___________________________________ Policy Number _______________________________

- I hereby authorize release of this information in the event of a medical emergency.

  Signature: ______________________________

- In the event of a medical emergency where the undersigned is unable to consent to such treatment in a wilderness situation or otherwise, I hereby consent to such treatment.

  Signature: ______________________________

- This information will be held in confidence by the Office of Graduate & Professional Student Affairs for the current academic year for approved use with subsequent program participation needs. I understand that I am responsible for keeping the information up to date and accurate and that any changes can be made with the Office of Graduate & Professional Student Affairs.

  _____ I approve of the information being held _____ I DO NOT approve of the information being held

  Signature: ______________________________ Date: _______________________