

**Health and Emergency Information Form
University of South Carolina 2008**

Last Name	First Name	Participant's Social Security #	
Home address	City	State	ZIP
Birth Date	Home phone #	Blood Type	

Health/Special Needs Information (Use the back of this sheet or attach additional sheets as necessary to fully respond to the following questions.)

1. Do you have any allergies that we should know about prior to emergency treatment?

2. Do you have any chronic conditions/illness that we should know about prior to emergency treatment?

3. Do you have any disability/special needs (visual, hearing, physical, psychological, unable to climb stairs without assistance) which requires special attention or special accommodation? If yes, please explain.

Medications

1. Please list any medications you are currently taking.

Prescription	Dosage	Doctor	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Authorization

The University of South Carolina is also authorized to provide or to arrange for any medical treatment my child may need during the course of this program. I understand and agree to be responsible for any and all costs associated with such services.

1. In such an event of illness or injury, I wish to be contacted at the following telephone numbers:
Home: () _____ Work: () _____ Cell: () _____ Other: () _____
Emergency contact other than parent/guardian: Name _____ Phone: () _____

2. In addition to authorizing medical care, I hereby certify that any charges related to the medical care given to my child will be borne by me. The insurance company and policy information that covers my child is as follows:
Insurance Carrier _____ Policy Holder _____ Policy Number _____

I understand that I must complete a form entitled "Consent and Declaration of Prescription Medications, Over-the-counter Drugs, and Health of Medical Monitoring Devices" for my child (one form for each medication/device). If no medications/devices are prescribed, I will indicate this on the form where appropriate.

Parent/Guardian Signature (required)	Date	Participant Signature	Date
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