Missouri University of Science and Technology Program Student health statement form

Event	Dates of Event							
Student Name	Birth						Age M	F
Ethnicity: African American Asian	Bi-Racial	Caucasian	Hispanic	Native American	Pacific Islander	Other		
Parent/Guardian Name				Phone: I	Day #	Evening #		
Home Address			City		State Zip	0 Home #	ŧ	
Health Insurance Company Name Group/Policy Number								
If parent/guardian cannot be reac	hed, list emergen	ncy contact:						
NameRelationship				Home	#	Work #		_
		PARE	NT/GUARI	DIAN-PLEASE C	OMPLETE			
1. Will your child be bringing an	y type of medicin	ne to this event?	Yes	No				
If yes, give type and instruction	ons							
2. Does your child have any aller	rgies? Ye	s No						
If yes, explain								
3. Describe any special needs (m	edical, physical	or mental challen	ges) officials s	should be aware of in ma	aking this program sat	fe and accessible for y	our child.	
Explain								
4. Does your child have any spec	cial dietary needs	?						
Explain								
5. Does your child have any othe	er restrictions or 1	needs, not descrit	bed above?					
6. Last tetanus immunization	1	Family doctor				Phone		
7. May your child be given pain	relievers (such as	s Tylenol, Motrin	, etc.)?	Yes No				
If necessary, I do approve of offic to the nearest doctor or hospital. treatment, including surgery, as d	I further understa	and that should a	health probler	n arise, I will be notified			ne, such medical	,
Both student and parent (guard	lian) must sign t	his form.						
Student's Signature]	Date	_			
Parent/Guardian's Signature]	Date	_			

Missouri University of Science & Technology is an Equal Opportunity Institution. For concerns about access or opportunity, contact Disability Support Services 573-341-4211. The Missouri University of Science & Technology complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, notify us at 573-341-4211. Reasonable efforts will be make to accommodate your special needs.