

# Missouri University of Science and Technology Program

## STUDENT HEALTH STATEMENT FORM

Event \_\_\_\_\_ Dates of Event \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_ M F

Ethnicity:  
African American Asian Bi-Racial Caucasian Hispanic Native American Pacific Islander Other \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone: Day # \_\_\_\_\_ Evening # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Health Insurance Company Name \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

If parent/guardian cannot be reached, list emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

### PARENT/GUARDIAN-PLEASE COMPLETE

1. Will your child be bringing any type of medicine to this event? Yes No

If yes, give type and instructions \_\_\_\_\_

2. Does your child have any allergies? Yes No

If yes, explain \_\_\_\_\_

3. Describe any special needs (medical, physical or mental challenges) officials should be aware of in making this program safe and accessible for your child.

Explain \_\_\_\_\_

4. Does your child have any special dietary needs?

Explain \_\_\_\_\_

5. Does your child have any other restrictions or needs, not described above? \_\_\_\_\_

6. Last tetanus immunization \_\_\_\_\_ Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

7. May your child be given pain relievers (such as Tylenol, Motrin, etc.)? Yes No

If necessary, I do approve of officials taking my child, \_\_\_\_\_, to the nearest doctor or hospital. I further understand that should a health problem arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

**Both student and parent (guardian) must sign this form.**

\_\_\_\_\_  
**Student's Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian's Signature** **Date**