## **BALDWIN WALLACE UNIVERSITY**



## Emergency Medical Release Form The following information is necessary to provide appropriate medical service, if required.

	NAME(Last) (First) (Middle)						
Student Information:	(Last)	(Fir	rst)	(Middle)			
illiormation.	Date of Birth/	/ Gender	_ Age School				
	Parent/Guardian Home						
	City State Zip Phone						
	Phone						
Personal Medical	Alcohol/Drug Abuse	Hay Fever	Emotional Problems	Seizures			
History:	Asthma Diabetes	Heart Disease Hepatitis	Emotional Problems Migraine Headache Pneumonia	Thyroid Trouble Tuberculosis			
	Eating Disorders	High Blood Pressure Kidney Disease	Rheumatic Fever	Ulcers			
	Please list any surgeries y						
	Please list any surgeries your child has had  Tetanus Shot (List month and year of last shot)  List any other pertinent medical information						
		edicai information					
Disabilities:	My child needs accommod	dation for the following physica	l limitation(s) and/or handicap(s	s):			
	Does your child have any allergies? Yes No						
Allergies:	If yes, please specify: Specify any dietary issues:						
	Is your child taking any medications or currently receiving other medical treatment?  Yes No If yes, please specify:						
Medications:							
	Mother's or Gua	rdian's Information	Father's of Guardian's Infor	mation			
In Case of	Name	Name					
Emergency:	Home Telephone	Home <sup>-</sup>	Telephone				
	Work Telephone	Work 1	Telephone				
	Place of work	Place o	of Work				
	Relative or Designated Adult who can be reached in the event that parents or guardians are unavailable:						
	Name Phone Poss this person have permission to pick your child up? Yes No						
	2003 tills person nave per	miliodion to pick your crillia up?	163 NO	,			
Family Physician:	Doctor's Name		Phone				
	Address						