

# Health Assessment- Admission Form

Name

Date of Birth:

Home Address:

Home Phone: Student Cell Phone: Email:

## Personal Health History:

## Family Health History:

## Past hospitalizations/surgeries:

## Medication Allergies:

## Non-Medication Allergies:

## Prescription and Non-Prescription Medications currently taking:

I have read the provided information regarding Meningococcal Meningitis Disease. I agree to provide the date of my vaccine in my immunization record

## EMERGENCY CONTACT INFORMATION AND CONSENT TO TREAT

For the time I am a student, I hereby authorize Sarah Lawrence College to consent to emergency care/surgery/anesthesia, should it be necessary and I am not able to consent. I agree to follow-up care, after discharge from the emergency room, with Sarah Lawrence College Health Services. I understand Health Services will request access to my hospital medical records for the purpose of follow-up care.

I hereby authorize Sarah Lawrence College to notify my parent or guardian in the event of a serious medical/mental health emergency. It is further understood that I am responsible for notifying my parents or guardians about any non-emergent personal health problems.

Prior to treating a minor, or referring the minor to an outside facility/provider for treatment, SLC Health Services will attempt to contact the parent or guardian, as legally warranted.

## Emergency Contact Information:

Name

Relationship:

Address

Cell Phone:

Home Phone:

I agree, and it is my intent, to sign this document by typing my full name and student ID number and by electronically submitting this document to Sarah Lawrence College. I understand that my signing and submitting this document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted document. I understand and agree that by electronically signing and submitting this document in this fashion I am affirming to the truth of the information contained therein.

STUDENT SIGNATURE