



SPELMAN COLLEGE SUMMER PROGRAMS - PRE-ARRIVAL

SP HEALTH INFORMATION FORM

REQUIRED - CHECK ONLY ONE:

CPI 1

CPI 2

ECP

PLEASE PRINT

Name of Student Participant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Female Only Males not accepted

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Parent Work Phone # \_\_\_\_\_

In Case of Emergency we may call \_\_\_\_\_ Phone # \_\_\_\_\_

Participant's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Name \_\_\_\_\_ Group# \_\_\_\_\_ Phone# \_\_\_\_\_

NOTICE: Failure to disclose any medical or mental health condition and usage of medications may result in immediate expulsion from any summer program if symptoms occur and need treatment on campus.

DRUG ALLERGIES:  Yes  No If yes to what?  PCN  Sulfa  Erythromycin  Other \_\_\_\_\_
If yes, what is the reaction? \_\_\_\_\_ Treatment \_\_\_\_\_

FOOD ALLERGIES:  Yes  No If yes to what? \_\_\_\_\_
If yes, what is the reaction? \_\_\_\_\_ Treatment \_\_\_\_\_

CONDITION:  Yes  No Check any condition medical or psychological that may produce or requires medication for:
 ADD/ADHD  Anxiety  Asthma  Convulsions  Depression  Diabetes  Manic Episodes  Seizures
 Medical Implants  Organ Transplants  Unconsciousness or Fainting
(Please Name Any and All Conditions, Triggers, Medication, Dosage) \_\_\_\_\_
Send attachment if necessary

Is the participant in good physical condition?  Yes  No If not, please explain \_\_\_\_\_

AUTHORIZATION FOR MEDICAL TREATMENT (The completed form must be on file before treatment is administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my daughter / ward.
Parent or Legal Guardian's signature is REQUIRED below if the student is less than eighteen years of age.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Complete and upload form to the SpelCheck student portal prior to the posted deadline.