

Medical Release Form

*******PLEASE PRINT*******

NAME _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____ STATE OF ISSUE _____

LOCAL ADDRESS _____

LOCAL PHONE _____

PERMANENT ADDRESS _____

PERMANENT PHONE _____

PARENT'S NAME _____

PARENT'S CONTACT NUMBER: _____

PARENT'S ADDRESS: _____

In the event of an emergency, contact _____ phone _____

Health Insurance company _____ policy _____

Doctor's name _____ phone _____

Please list any special services you may require due to an existing medical condition or physical disability, or any physical condition limiting your activities.

List any allergies to drugs, food, insects, plants, etc.

List any medications you are taking and any dietary restrictions.

Do you have a history of:

Heart disease _____ High blood pressure _____ Diabetes _____ Epilepsy _____ Asthma _____

Do you wear glasses? _____ Contacts? _____

**This form must be complete in its entirety.
Please return to the Director of Campus Recreation and Wellness (GYM 144).
For more information please call (479) 788-7596.**