



Southwestern Community College-Upward Bound

STUDENT MEDICAL INFORMATION FORM

Name: _____ Date of Birth: _____ Sex: Male Female
(Please circle)

Address: _____
Street Address City State Zip

An Upward Bound staff member if deemed necessary to relieve minor pain and discomfort may give the following:

Tylenol	Yes	No
Benadryl	Yes	No
Ibuprofen	Yes	No
Antacid	Yes	No
Pepto Bismol	Yes	No
Cough Drops	Yes	No

List all medications currently being taken:

<u>Medication</u>	<u>Time</u>	<u>Dosage</u>

List any allergies the student may have (medicines, insect bites, etc.) and the typical reaction, if known:

List history of illness in student's family (ex. heart conditions, diabetes, etc.):

Date of student's last tetanus vaccination:

Does the student have any medical conditions that may affect participation in physical education activities, or that the staff should be aware of? Yes No (Please circle)

If yes, please explain: _____

Do you have hospitalization insurance? Yes No (Please circle)

If yes, please provide the name of the company and policy number:

Company: _____ Policy Number: _____

Do you have a North Carolina Medical Assistance Card? Yes No (Please circle)

If yes, please provide the Medical Card Number:

PARENT/GUARDIAN SIGNATURE

DATE

RELATION TO STUDENT

NOTE: Please use a separate sheet of paper to include any additional information concerning the student's medical history, which you feel the Upward Bound Staff should be aware of.