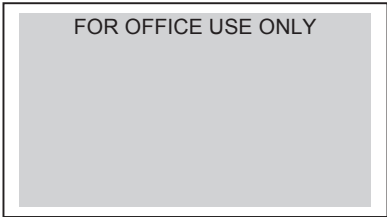




Nichols College

Learn. Lead. Succeed.



HEALTH RECORD

MAIL COMPLETED RECORD TO:

(Keep the pink copy for your records or copy forms printed off web.)

Office of Health Services
Nichols College
P. O. BOX 5000
Dudley, MA 01571

NAME (Last, First, Middle Initial) STUDENT ID#

AGE DATE OF BIRTH

ADDRESS (Street, City, State, Zip) TELEPHONE CELL PHONE #

Father's Name Address Phone Emergency Number Mother's Name Address Phone Emergency Number

INSURANCE INFORMATION All students are required by State Law to have Health Insurance. Insurance must be current and valid. PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD, front and back. Include secondary insurance and prescription information. NAME OF INSURANCE COMPANY POLICY NUMBER GROUP NUMBER SUBSCRIBER PHONE NUMBER SUBSCRIBER DATE OF BIRTH EMPLOYER

PLEASE CIRCLE ALL THAT APPLY (circle all that apply) Resident Commuter Freshman Transfer Re-Admit-List the dates you were a previous student at Nichols Previous College List the dates you were a student at this college Please indicate if you will be participating in intercollegiate sports. YES NO UNSURE What sports will you be participating in? LIST

CONSENT FOR TREATMENT

I, the above named student give informed consent for the routine care through the Nichols College Office of Health Services, Mental Health Services and if an Athlete the Nichols College Athletic Department and in the event of an EMERGENCY, give permission to the above named departments and its affiliated hospital to secure for this student appropriate treatment, including orders for surgery and anesthesia if necessary. Your signature also allows Health Services, Mental Health Services and if an athlete the Athletic Department to release any PERTINENT medical and mental health information (i.e., allergies, immunization status, special medical conditions or mental health concerns) to Student Services, Advising Services, Res. Life, Academic Services and Public Safety. These entities will be allowed to share information as determined appropriate to assure the safety and well being of the student.

STUDENT SIGNATURE X PARENT OR GUARDIAN SIGNATURE X

(Required if student is 18 or under)