

PRE-COLLEGE '20 MEDICAL FORM

PAGE 1/4 • PLEASE RETURN BY 5/22/20

Student's Name _____ **Student's Preferred Name** _____

Student's Home Address: _____

Social Security # _____ **Student's Date of Birth** _____

(We need SS# in order to assign 3 college credits at the end of the Program)

Parent/Guardian Name _____ **Relationship** _____

Home Address, City, State _____

Cell Phone # _____ **Home Phone #** _____ **Occupation** _____

Employer's Name/State/Zip _____

Parent/Guardian Name _____ **Relationship** _____

Home Address, City, State _____

Cell Phone # _____ **Home Phone #** _____ **Occupation** _____

Employer's Name/State/Zip _____

Person responsible for payment of tuition and fees: _____

Relationship to student: _____

Signature: _____

PRE-COLLEGE '20 MEDICAL FORM

PAGE 2/4 • PLEASE RETURN BY 5/22/20

Name _____ Preferred Name _____

Please write N/A on each line that is not applicable.

Date of last Tetanus Shot (REQUIRED): _____
(Note: Tetanus shot required; must be within 10 years for Pre-College participation).

I verify _____'s tetanus shot is current within the last 10 years.
(Student's Name)

Parent/Guardian's Signature: _____

2. Allergies to food, or medication:

3. If vegetarian or vegan, please describe needs:

4. Medications, current or anticipated:

5. Are there any medical or emotional difficulties that may prevent the student's full participation? Use this opportunity to let us know of anything that might come up during the Pre-College timeframe.

PRE-COLLEGE '20 MEDICAL FORM

PAGE 3/4 • PLEASE RETURN BY 5/22/20

Name _____ Preferred Name _____

Please write N/A on each line that is not applicable.

6. Health History (please check):

- | | |
|--|--|
| <input type="radio"/> No significant medical history | <input type="radio"/> Fainting |
| <input type="radio"/> Ear infections | <input type="radio"/> Epilepsy |
| <input type="radio"/> Diabetes | <input type="radio"/> Latex |
| <input type="radio"/> Allergies | <input type="radio"/> Convulsions |
| <input type="radio"/> Uncontrolled Bleeding | <input type="radio"/> Hemophilia |
| <input type="radio"/> Heart Defect | <input type="radio"/> Penicillin Allergy |
| <input type="radio"/> Hives | <input type="radio"/> Asthma |
| <input type="radio"/> Hay fever | |
| <input type="radio"/> Insect Stings (which?) _____ | |
| <input type="radio"/> Environmental _____ | |
| <input type="radio"/> Pollen/Dust/Mold _____ | |
| <input type="radio"/> Other _____ | |

7. If an emergency arises, please contact (list in order of priority):

A. Name/Relationship: _____ Address: _____

Cell Phone _____ Home Phone _____ Work Phone _____

B. Name/Relationship: _____ Address: _____

Cell Phone _____ Home Phone _____ Work Phone _____

8. In case of medical emergency, Pre-College students will be taken to Portland's Mercy Hospital.

MECA has my permission to obtain emergency medical care for _____
if necessary. Please print **Student's Name** in the above sentence.

Parent's Signature: _____

Address (if different from above): _____

PRE-COLLEGE '20 MEDICAL FORM

PAGE 4/4 • PLEASE RETURN BY 5/22/20

Name _____ Preferred Name _____

**Pre-College student coverage at MECA is limited to accident insurance.
Primary coverage is considered the parent/guardian's responsibility.**

_____ No, I do not have other insurance coverage (either individual or group) under which I am covered as an individual or as a dependent.

_____ Yes, I do have other insurance (either individual or group) under which I am covered as an individual or as a dependent. **(Please complete information below.)**

Does your insurance require pre-certification? Yes No

Pre-Certification Phone # _____

Name of Insured if other than Student _____

Insurance Name _____

Address _____

Phone # of Carrier _____

Policy # _____ Group # _____

Subscriber _____