PRE-COLLEGE ’21 **MEDICAL FORM**

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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: _____

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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.

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Name_____ Preferred Name_____

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

6. Health History (please check):

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

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): _____

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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 _____