CALLINGS

HEALTH HISTORY & MEDICAL RELEASE FORM

(Please Print)

The registration materials for this program contains standard medical release language. Note that, during a pandemic, the University defines necessary medical care to include COVID-19 testing when the University's protocols deem such testing necessary or appropriate.

Last Name First Name MI Date of Birth

Home Address Home Phone

City State Zip Code

Parent or Guardian Work Phone Cell Phone

Do you have any significant health conditions (i.e. diabetes, asthma, seizures, etc.)? Y / N
If so, please list:

Are you presently taking any medication? Y / N
If so, please list:

Allergies (circle all that apply and in the space below describe the specific allergen and nature of reaction)
Animals/Insects Medicine/Drugs Plants Food

Any additional information (special circumstances, etc.):

The University of Dayton strives to provide equal and easy access to programs and services for individuals with disabilities. Individuals requiring accommodations to attend the Program for Christian Leadership's Callings program are encouraged to contact the Office of Student Learning Services with their request by June 25 in order to ensure adequate processing time. The Office of Student Learning Services can be reached via telephone at 937-229-2066, via TTY at 937-229-2059 or via email at disabilityservices@udayton.edu.

Provider Information

Family Physician Office Telephone

Health Insurance Carrier Policy#

Policy Holder ID# Group #

I authorize the staff of the University of Dayton Student Health Center and/or any other medical facility designated by the UD Student Health Center to provide necessary medical services for treatment of illness or injury, including diagnostic procedures such as laboratory tests and x-rays to

(Name of Participant)

I understand that I will be notified in case of serious illness or injury, or if surgical treatment is necessary.

Date Signature of Parent or Guardian