

# **CALLINGS**

## **HEALTH HISTORY & MEDICAL RELEASE FORM**

**(Please Print)**

**The registration materials for this program contain standard medical release language.**

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 Campus Ministry'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](mailto: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