

**2011 Madison Athenaeum Program – Medical Information Form**

(Please print all information) case of emergency, I give permission to Delta State University to seek medical treatment for my student.

Student name:			
Parent or Guardian:			
Parent's address:			
Parent's Home Phone or Cell:			
Other useful contact information:			
Student information:	height:	weight:	age:
Physician's name:			
Physician's address:			
Medical conditions or information that may be helpful to Delta State in case of emergency:			
1.			
2.			
3.			
Health Insurance Information:			
Company:			
Address:			
Policy holder's name:			
Policy holder's address:			
Policy number:			
Allergies and Medications:			
List medications to which your child is allergic:			
Known allergies:			
List the medications your child must take:			

Parent's name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_