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MEDICAL INFORMATION AND RELEASE FORM

Student's Name _____

Date of Birth _____ Age _____ Place of Birth _____

Family Doctor's Name _____ Telephone Number _____

Name of Medical Insurance _____ Group Number _____

Please answer the following question:

Are you in good physical condition? Yes ___ No ___ If no, please explain condition(s): _____

Are you currently taking any medication? Yes _____ No ___

Medication name, dosages, frequently: _____

Date of last physical? _____

Name of health care professional who performed last physical exam? _____

Location where physical was done: _____

Special Needs: (check on the line)

_____ Hearing Impaired _____ Visually Impaired _____ Learning Disability

_____ Special Diet _____ Physical Disability _____ Prosthesis

_____ Other: Explain _____

In case of a medical emergency, who should we contact?

Name _____ Relationship? _____

Parent/Guardian telephone number: Home _____ Work _____

Address _____

Significant other, who we may also contact? Name _____ Relationship _____



Address of significant other: _____ Home telephone number _____

Work telephone number: _____ Other telephone number _____

MEDICAL RELEASE FORM

I CONSENT TO MEDICAL TREATMENT FOR MY CHILD BY ALABAMA STATE UNIVERSITY HEALTH SERVICES AND/OR LOCAL EMERGENCY SERVICES IF DEEMED NECESSARY BY THE PROGRAM. I UNDERSTAND THAT I WILL BE NOTIFIED OF ANY ILLNESS OR EMERGENCY SITUATION RELATED TO MY CHILD AS SOON AS POSSIBLE AND ACCEPT FULL RESPONSIBILITY FOR ANY UP FRONT CO-PAYMENT AND MEDICAL BILLS THAT MAY RESULT.

Signature of Parent/Guardian

Date

Signature of Student

Date

Revised 1/19