

GENESYS

EMS EDUCATION

Student Health Information Card

Student Information

Student Name: _____ SUID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

Emergency Information

Hospital Preference: _____ Primary Physician: _____

Primary Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Are you allergic or sensitive to latex? Yes No Do you have any allergies? Yes No

List all allergies: _____

List any medications taken on a regular basis: _____

List any medical problems: _____

I, _____, hereby give permission to Genesys Regional Medical Center to access this information, as needed, in the event of an emergency. I also give consent to Genesys Regional Medical Center to provide emergency medical treatment, up to and including surgical intervention, in the event that I am unable to give verbal consent in an emergency situation.

Student Signature: _____

Date: _____