

PAUL SMITH'S COLLEGE HIGHER EDUCATION OPPORTUNITY PROGRAM

Name _____ SS# _____ Date of Birth _____

Home address _____ Home phone (____) _____

Street City State Zip
Emergency contact #1 _____ relationship _____ Phone # 1(____) _____ Phone #2 (____) _____

Emergency contact #2 _____ relationship _____ Phone # 1(____) _____ Phone #2 (____) _____

Medical History

Asthma Diabetes Seizures Heart problems High blood pressure Kidney problems Back problems

Other (please explain) _____

Physical Disabilities none (list) _____ accommodations needed _____

Allergies

none

Allergy to bee/ insect stings medications (list) _____

food _____ other _____

Medications

(Please list) _____

Medical Insurance

Company name _____ Address _____ Phone #(____) _____ Policy # _____

My complete immunization record is on file in Paul Smith's College Student Health. I have had a recent physical exam and have been cleared to participate in strenuous physical activity and sports that includes heavy lifting, and walking long distances. I agree that the above information is true and complete.

Signed _____ Date _____

Parent Signature (if student under 18) _____ Date _____

If you have any worries or concerns about participating in canoeing and hiking day trips, please comment on the back of this form.