

**Lackawanna College
MEDICAL INFORMATION FORM**

NAME OF STUDENT: _____ PROGRAM: _____

AGE: _____ DOB: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Custodial Parent/Guardian: _____ (relationship) _____

Home Phone: _____ Work Phone: _____

2nd Parent/Guardian or Emergency Contact: _____ (relationship) _____

Home Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Is the student covered by family medical/hospital insurance? Yes No

Health Insurance Carrier/Plan: _____ Group #: _____

HEALTH HISTORY

Allergies: List all known allergies and describe reactions. (food, medication, other)

Medications: List all medications taken regularly, include name of medication and reason for taking.

Restrictions: List any dietary, physical or other restrictions that may impact participation in activities.

Other Information: Provide any additional information about the student's behavior or physical, emotional or mental health about which we should be aware. Parents must indicate that a TSS worker will accompany student, TSS's will be required to sign in & out on a daily basis.

RELEASE OF LIABILITY

The undersigned parent/guardian of the student being registered for his/her part and on behalf of the student hereby revise, release, quit claim and hold harmless Lackawanna College, its agents, servants and employees of and from any claim, liabilities, actions or courses of action which arise in connection with attendance at Lackawanna College and which is not the direct result of the negligence of Lackawanna College, its agents, servants or employees.

My son/daughter (name), _____, has permission to participate fully in all Lackawanna College program activities.

SIGNATURE: _____ PRINT NAME: _____

RELATIONSHIP TO STUDENT: _____ DATE: _____

Lackawanna College has my permission to use photos of my child in promotional and educational literature.
_____ (initial here)

Will student be picked up by anyone other than the parents designated on the medical/information form?
(please list names and relationship below)

Please return to:
Continuing Education Department
Lackawanna College
501 Vine. St.
Scranton, PA 18509