

## Spring In 2 Success College Tour

### Medical / Health Record & Emergency Contact

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Last Name	First Name	MI	
School	Graduation Year		
Address	City	State	Zip Code
Birthdate	(Area Code) Phone Number		
Emergency Contact	Phone Number		

*Please check any of the below listed medical problems touring student had or now has:*

- Hay Fever, Asthma or Wheezing
- Eczema or Frequent Skin Rashes
- Allergies or Reactions to food, drugs, and medicines, other - please list below:

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- Convulsions or Seizures
  - Shortness of breath
  - Frequent colds     Sore throats     Earaches     Headaches
  - Stomach aches
  - Leg or Arm pains
  - Trouble with passing urine or bowel movements
  - Heart trouble
  - Diabetes
  - Dental Problems
  - Car/Bus Sickness
  - High Heights Fear
  - Bed Wetting
  - Hypertension
  - Currently on medication
  - Other – Please briefly explain checked items

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**Medical Insurance Information**  
**(Insurance Provider | Policy Number | Responsible Party)**

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