NORTHERN ILLINOIS UNIVERSITY HUSKIE BANDS

CONFIDENTIAL MEDICAL ASSISTANCE INFORMATION DISCLOSURES

Information disclosed on this form is in effect an educational record protected by applicable federal law, will be accorded confidential treatment, and only used in case of an emergency in cooperation with those who have a legitimate need to know.

_____ _____
Name Date of Birth

_____ _____
Campus Address Campus Phone

_____ _____
Family Physician Physician Phone (Area Code)

_____ _____
Person to Contact in case of Emergency Contact Phone (Area Code)

_____ _____
Insurance Company & Policy Holder Policy Number

Current Medications: Dosage:

_____ _____

_____ _____

_____ _____

Known allergies and/or allergic reactions to medications:

_____ _____

_____ _____

Known acute or chronic medical conditions (asthma, diabetes, seizures, etc.):

_____ _____

_____ _____

Any surgery in past year: _____

Are you presently under treatment for any medical or psychological problem? If yes, identify:

_____

Physical conditions that may limit marching band activities: _____

_____

Can take (circle): Aspirin / Tylenol / Motion Sickness medication

Date of last Tetanus shot: _____

Special dietary needs: _____