

NORTHERN ILLINOIS UNIVERSITY HUSKIE BANDS

CONFIDENTIAL MEDICAL ASSISTANCE INFORMATION DISCLOSURES

The confidential information disclosed on this form is covered under Family Educational Rights and Privacy Act (FERPA) and will only be used in case of a medical emergency, in cooperation with those who have a legitimate need to know or as otherwise allowed by law.

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

***Please attach a copy of both sides of your insurance card to this form.**

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/Diphtheria/Pertussis (Tdap) shot: _____

Special dietary needs: _____

***See NIU Immunization requirements at <https://www.niu.edu/health-services/services/immunizations.shtml>**