

SCHOLAR NAME: _____

Scholar Social Security Number: _____

YOUTH THEOLOGICAL INITIATIVE – 2017 SUMMER ACADEMY

EMERGENCY & MEDICAL INFORMATION

(please print or type)

In case of emergency, please contact:

Parent(s)/guardian(s): _____

Address: _____

Phone: (home) _____ (work) _____

Alternate contact, if the person(s) listed above cannot be reached:

Name: _____

Relation: _____

Address: _____

Phone: (home) _____ (work) _____

Additional information:

Parent/Guardian #1 full name: _____

Employer: _____

Employer's address: _____

Employer's phone: _____

Parent/Guardian #2 full name: _____

Employer: _____

Employer's address: _____

Employer's phone _____

Special dietary considerations: _____

If you require a disability-related accommodation to participate in this program, please contact Access, Disability Services and Resources at 404-727-9877 or adsrstudent@emory.edu to arrange services. Early requests are strongly encouraged to allow sufficient time to meet your access needs.

(over)

The following information may be needed by any hospital or medical practitioner not having access to the scholar's medical history:

Birthdate: _____

Allergies (medicine, food, etc.): _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other: _____

Personal physician:

Name: _____

Address: _____

Phone: _____

Health insurance coverage:

Name of the primary insured: _____

Company: _____

Policy number: _____

Insurance agent: _____

***Please enclose with this form a photocopy of
BOTH SIDES of your medical insurance card.***

PARENT/GUARDIAN SIGNATURE _____ DATE _____