

Southern Virginia University

Student Health History

To the Student/Parent:

If you need more room to answer any question, please attach an additional sheet of paper. All information recorded will be held in the strictest confidence. Only authorized personnel will have access to the information.

Please include the following with this form:

1. A copy of your health insurance card (**front and back, no handwritten copies please**) or signed Health Insurance Waiver Form. Please be aware that the University will not be responsible for payment for any student's injury, accident, or illness; unless the University is shown to be negligent. This includes co-pays, deductibles or other expenses related to the medical condition that are not covered by the students insurance. **(Athletes are required to have current health insurance in order to participate).**

Emergency Authorization:

We give permission to authorized personnel selected by SVU, on our behalf, to secure treatment for and/or to hospitalize the student ("emergency medical treatment") in the event of an emergency – including, on the recommendation of a physician, injections and/or anesthesia and/or surgery. We give permission for the emergency contacts listed, to be notified regarding the emergency and the treatment arranged. We agree to be responsible for all costs associated with any such medical treatment, and authorize SVU personnel to approve such medical treatment on our behalf. This form may be duplicated and given to authorized personnel. Your signature below indicates that the information that you have given is accurate and complete.

SIGNATURE OF STUDENT:

Student ID # _____

DATE: _____

Print Name _____

First

Middle

Last

Will you have a cell phone while on campus? If so, the number _____

SIGNATURE OF PARENT/GUARDIAN/SPOUSE (if student is unable to sign):

DATE: _____

Print Name _____

First

Middle

Last

Next of Kin/ Emergency Contact *REQUIRED

Name _____ Relationship _____

Home phone _____ Work phone: _____

Cell Phone _____ Parent's e-mail address _____

Address _____

Street

City

State

Zip

