Sonoma County Junior College District

Medical Information Form

Name: ______________________________________ Preferred Name:______________________________

Address:______________________ City:________________ State:______ Zip:____________

Telephone #: __________________ Birthdate:_____________ Sex: ___________

Emergency contact persons and phone numbers:

Name: ___________________________________ Name:_____________________________________

Relation: _________________________________ Relation:___________________________________

Telephone #- Day: __________________________ Telephone #-Day:_____________________________

Telephone #-Night:__________________________ Telephone #-Night:____________________________

Physician Information

Name: ___________________________________

Address:__________________________________

Telephone-office:___________________________

Telephone-emergency:_______________________

Dentist Information:

Name: ____________________________________

Address:___________________________________

Telephone-office:_____________________________

Telephone-emergency:__________________________

Allergies:____

Health Insurance Company:_______________________ Telephone:_________________________________

Group #:____________________ Policy#:_____________________ ID#:____________________________

Medication(s) you are taking (including dosage):____

Date of last Tetanus/Diphtheria Inoculation:____

Special Health Needs or Concerns: ____

Special Dietary Needs:____

Emergency Medical Authorization: I, the undersigned, do hereby authorize Santa Rosa Junior College and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Effective Dates:____________________________________

I am eighteen years of age or older, have read the above authorization, and confirm that information contained therein is true and accurate.

____ _________________________________
Signature (Participant) Date

____ _________________________________
Signature (Parent/Guardian-if participant is under 18) Date