

RANKEN

TECHNICAL COLLEGE

RESIDENTIAL LIFE

RESIDENT MEDICAL HISTORY FORM

Name _____

Home Address _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Date of Birth _____

Gender Identification: ☐ Male ☐ Female ☐ Other _____

Emergency Contact _____

Full Address (if different from above) _____

Emergency Contact Cell Phone _____ Emergency Contact Home Phone _____

Your Physician's Name and Phone Number _____

Are you allergic to any medication or food? Yes ☐ No ☐ If yes, please list. _____

Please list any other kinds of allergies, disorders, conditions and/or prescribed medications you feel necessary for Residential Life staff to know about.

If you are currently being treated for any mental health conditions, would you like to receive information to meet with the on-campus counselor as a resource? Yes ☐ No ☐

If you have a physical or learning disability or need for academic accommodations, would you like to receive information for assistance through the Student Success Center? Yes ☐ No ☐

OPERATIVE PERMIT (FOR STUDENTS UNDER 18 YEARS OLD)

The law requires that parental permission be obtained for operative procedures on minors. A minor is defined as a person under the age of 18 years. The following consent form should be signed by the parent or guardian of the minor so that in the event of an emergency, medical procedures may be promptly carried out, and so that no unnecessary delays will occur with less urgent operative procedures. However, no operation other than minor office procedures will be performed, except in cases of extreme emergency, without the parent or guardian being contacted and fully informed. Ranken will not be held financially responsible for any operative procedures that the student may undergo.

I give permission for such operative procedures as may be deemed necessary for my son/daughter/ward.

PRINT NAME

SIGNATURE

RELATIONSHIP

DATE