

COWETA COUNTY SCHOOL SYSTEM
COLLEGE PLACEMENTS
HEALTH INFORMATION FORM

Name: _____ College/University: MERCER UNIVERSITY

Address: _____ Home Phone: _____
_____ Cell Phone: _____

Do you have any relatives/children that work or attend any CCSS schools or facilities? _____
If so, where: _____

Emergency Contact #1: _____

Relationship: _____ Home Phone: _____ Work
Phone: _____

Other numbers: _____

Emergency Contact #2: _____

Relationship: _____ Home Phone: _____ Work
Phone: _____

Other numbers: _____

Primary Physician: _____

HEALTH HISTORY

Pre-existing Conditions

Medication(s) or Treatment Required

Do you wear a hearing aid? Y / N

Do you wear glasses or contacts? Yes: nearsighted – farsighted – bifocal / No

FAMILY HISTORY

(Circle all that apply)

Diabetes/hypertension/cancer of _____/heart disease/stroke/glaucoma

Other: _____

EMERGENCY HOSPITAL PREFERENCE

I, _____, give my permission for the school nurse and/or school administrator to contact my physician in case of an emergency. I also agree to be transported by an Emergency Transport System to (Hospital choice) _____ for emergency treatment.

Signature: _____ Date: _____