Office of Admission
PO Box 5051
Greeneville, TN 37743
(423) 636-7312
Toll-free (800) 729-0256
FAX (423) 798-1622
E-mail admission@tusculum.edu

TUSCULUM COLLEGE
ESTABLISHED 1794

Emergency Information

Please print or type

Name: _____ _____ ____ _____
Last First M.I. Preferred

SSN: _____ **Birthdate:** _____ **Gender**: ☐ Male ☐ Female

Phone: (___) _____ **Name of Parent or Guardian:** _____

EMERGENCY INFORMATION

Emergency Contact (parent/guardian)

_____
Last First Home Phone Work Phone Cellular Phone

Emergency Contact (parent/guardian)

_____
Last First Home Phone Work Phone Cellular Phone

Missing Persons Emergency Contact
(only if different from above, this name will be called IN PLACE of the above name in the event a student were to become a missing person)

_____
Last First Home Phone Work Phone Cellular Phone

INSURANCE INFORMATION

Name of Ins. Co. _____

Policy/ID No. _____ **Group No.** _____ **Plan No.** _____

HEALTH HISTORY

☐ AIDS	☐ Diabetes	☐ Multiple Sclerosis
☐ Alcoholism	☐ Emphysema	☐ Mumps
☐ Anemia	☐ Epilepsy	☐ Pneumonia
☐ Anorexia	☐ Glaucoma or Cataracts	☐ Polio
☐ Anxiety	☐ Goiter	☐ Prostate Problems
☐ Appendicitis	☐ Gout	☐ Psychiatric Care or Problems
☐ Arthritis	☐ Heart Disease	☐ Rheumatic Fever
☐ Asthma	☐ Hepatitis	☐ Scarlet Fever
☐ Back problems	☐ Hernia	☐ Sickle Cell Anemia
☐ Bladder problems	☐ High Cholesterol	☐ Stomach Ulcers
☐ Blood pressure problems	☐ Kidney Disease	☐ Strokes
☐ Bronchitis	☐ Liver Disease	☐ Thyroid Problems
☐ Bulemia	☐ Major Surgery	☐ Tonsilitis
☐ Cancer	☐ Measels	☐ Tuberculosis
☐ Chemical dependency	☐ Menstrual Problems	☐ Venereal Disease
☐ Chicken Pox	☐ Migraine Headaches	☐ Other _____
☐ Depression	☐ Mononucleosis	

Current medication(s): _____
Current health problems and past health problems: _____
Allergies: _____
Explanation of conditions: _____
Other medical problems: _____

STUDENT TREATMENT CONSENT

In case of serious illness or accident, I give Tusculum College (or its representatives) permission to secure medical and/or surgical care to include transportation to a doctor or hospital of their choice, injections, examination, medication, and surgery that is considered necessary for my good health. I agree to pay all costs associated with my medical care.

All statements in this medical record are true to the best of my knowledge and belief. Should any change in my health status occur, I understand Student Affairs should be notified in writing.

Student signature _____ Date _____
Parent/Guardian signature _____ Date _____

AUTHORIZATIONS

In accordance with HIPAA and other confidential provisions, and in order to provide continued and appropriate medical care, I give Tusculum College or its representatives permission to release personal health information to health care professionals/medical facilities.

Student signature _____ Date _____
Parent/Guardian signature _____ Date _____

SSA _____