Student Health and Emergency Treatment Form

This form is required for final admission to NWC.

Name of Student _____

Age _____ Date of Birth _____ Gender: M ❑ F ❑ Marital Status _____

Present Address _____

City _____ State _____ Zip Code _____

Home Telephone Number (_____) _____

❑ YES ❑ NO Do you have any chronic or recurrent health problems such as asthma, ulcers, epilepsy, emotional disorders, etc.? *If yes, please explain.* _____

_____

_____

❑ YES ❑ NO Do you routinely take any medication? *If yes, please list.* _____

_____

_____

❑ YES ❑ NO Do you have any drug allergies? *If yes, please list any drugs you are allergic to.* _____

_____

_____

IF YOU WERE BORN AFTER 1956, YOU MUST SHOW PROOF OF IMMUNITY TO MEASLES/MUMPS/RUBELLA (MMR) TO ATTEND NWC.

You can provide proof of immunity in one of the following ways:

1. A copy of your immunization records from
   a. your physician or health care provider.
   b. your verified records from your high school.
2. A letter from your physician or health care provider indicating the dates that you were inoculated for MMR. The provider's signature, address, and office phone number must be part of the letter.

Person to be Notified in Case of Emergency _____

Relationship to Student _____ Address _____

City _____ State _____ Phone Number _____

Insurance Carrier _____ Policy Number _____

PERMISSION FOR EMERGENCY TREATMENT

Permission is given to any available physician or licensed staff of the NWC Student Health Services or hospital to perform health and emergency treatment and procedures for _____ *Student's name as is deemed necessary and to continue treatment and procedures until such time as the undersigned shall dismiss the physician or engage another physician. Permission includes admission to a local hospital if the attending physician deems it necessary.*

PERSONS UNDER 18 MUST HAVE SIGNATURE OF PARENT OR LEGAL GUARDIAN.

Date _____ Signature _____
Student

Date _____ Signature _____
Parent or Legal Guardian

SEND COMPLETED FORM TO:

Office of Enrollment Services
Northwest College
231 W 6TH ST BLDG 1
Powell, WY 82435-1898

1. white copy to Student Health Services
2. yellow copy to Powell Hospital