

STUDENT INFORMATION

Student's Name _____ Entry Term (Semester/Year) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Student Cell _____

Date of Birth _____ Social Security Number _____

Sex _____

Person to notify in case of medical emergency:

Name _____ Relationship _____

Address _____

Home Phone _____ Cell _____ Work _____

If the above number cannot be reached, notify _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Person to notify in case of mental health emergency: Same as above _____

CONSENT FOR TREATMENT OF MINOR STUDENTS

Any person who has reached the age of 18 may, in the State of Illinois, sign their own consent for treatment at a hospital or other

