



Southern Ohio Youth Regents STEM & Foreign Language Academy

STEM Academy Resident Advisor PERSONAL MEDICAL INFORMATION AND RELEASE FORM

Name _____ SS# _____ Gender _____ DOB _____

Address: _____

_____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Insurance Provider _____ Name on Policy _____

Member Number _____ Account/Plan # _____

Please list any **special instructions, conditions, allergies, and/or other related medical information** (including food/meal restrictions) that we should know about _____

The following **over-the-counter medications** and first-aid supplies will be kept under the care of the Lead Resident Advisor and will be available upon request if needed.

- Tylenol/Acetaminophen
- Advil/Ibuprofen
- Motrin
- Midol
- Pepto-Bismol
- Tums
- Benadryl/antihistamine
- Hydrocortisone cream

PLEASE COMPLETE OTHER SIDE

Please **list any and all medications** (and related information) that you might be bringing with you and taking while working as a Resident Advisor for the STEM and Foreign Language Academy. We would like to know, in the event of an emergency, what medications you have taken or should/could take and the related dosages and side effects:

Medication	Dosage	Reason for taking	Side effects (major)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT: Please list someone that we may contact in the event of a Medical Emergency. Make sure your include a name and phone number for a primary and secondary contact.

Primary Contact Name: _____ **PHONE:** _____

Address: _____

Secondary Contact Name: _____ **PHONE:** _____

Address: _____

PLEASE REVIEW THE FOLLOWING STATEMENTS AND SIGN AT THE BOTTOM:

✓ **MEDICAL RELEASE**

In the event that I require emergency treatment, and reasonable attempts to contact the individuals I have listed, I give consent for the administering of emergency medical treatment deemed necessary by the licensed physicians or dentists at the nearest hospital emergency or urgent care facility.

✓ **LIABILITY RELEASE**

Upon applying for entry into the STEM and Foreign Language Academy, I hereby, for myself or my other representatives, waive and forever release any and all rights and claims to Shawnee State University for injuries, damages, losses, and/or expenses which I may suffer as a result of attending, participating in, practicing for, or traveling to or from the STEM and Foreign Language Academy

✓ **PHOTOGRAPHY RELEASE**

I give my permission to use photographs that are taken for the purpose of documenting activities or marketing the program in the future. If not, please indicate why _____

Resident Advisor Signature _____ **Date** _____