



**GOVERNOR'S HONORS ACADEMY**  
AT SOUTHERN UTAH UNIVERSITY

Student Medical Information .....

Full Name		Date of Birth	Age	
Full Street Address		City	State	Zip
Home Phone	Parent Work Phone	Parent Cell Phone		
Health Insurance Company	Policy Number	Insurance Phone		

In an emergency please notify:

Name	Relationship		
Full Street Address	City	State	Zip
Home Phone	Work/Cell Phone		

Has or is subject to:

- Allergy to medicine, food, plant, animal or insect toxin. List: \_\_\_\_\_
- Anything that may require special care, medication or diet. List: \_\_\_\_\_
- Asthma                                       Fainting Spells                                       Contact Lenses
- Diabetes                                       Heart Trouble                                       Other: \_\_\_\_\_
- Convulsions                                       Bleeding Disorders

Explanation: \_\_\_\_\_

To the best of my knowledge, the information provided is correct. I give my permission for full participation in the Governor's Honors Academy, subject to limitations noted herein. *In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictate.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_