

# W&M in Washington

## Health Information Release

Name: \_\_\_\_\_

The purpose of this form is to help the W&M in Washington Program staff take the best possible care of you during your experience in DC. Mild physical or psychological conditions can become serious under the stresses of life while participating in a program like this. It is important that we have complete information in order to make informed decisions and, should circumstances require, provide essential information to local medical personnel. Please be assured that the information provided will remain confidential and is protected in accordance with the College's Statement of Right and Responsibilities outlined in the Student Handbook. Be aware that we may not be able to accommodate all individual needs or circumstances.

### **Medical History (OPTIONAL):**

Yes\_\_\_ No\_\_\_ 1. Are you generally in good physical condition? (If no, please explain.)

Yes\_\_\_ No\_\_\_ 2. Have you ever been treated or are you currently being treated for any psychological or emotional conditions? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 3. Do you have any allergies including allergies to food or medication? (If yes, please list and indicate severity)

Yes\_\_\_ No\_\_\_ 4. Are you taking any medications? (If yes, please list all medications.)

Yes\_\_\_ No\_\_\_ 5. Have you had any major injuries, diseases or ailments in the past three years? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 7. Is there any additional information of which physicians should be aware before providing medical treatment? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 8. In the event of an emergency, I provide clearance for The W&M in Washington Program staff to authorize medical treatment and remain in the hospital with me.

**I certify that all responses made on this Health Information and Release Form are true and accurate, and I will notify the W&M in Washington Program Director hereafter of any relevant changes in my health that occur prior to the start of the program.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please continue on Page 2.*

**Health Insurance:**

*It is required that all participants in the W&M in Washington Program have health insurance that provides coverage in the Washington, DC area.*

(Please provide all relevant details regarding your coverage as well as the insurance company's contact information below.)

**You must also include a copy of your insurance card (front and back) with this form.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Spouse/Guardian Information and Release:**

*The College of William and Mary, in accordance with its Statement of Rights and Responsibilities and federal law, does not release personally identifiable information (other than directory information) to anyone other than the student without a student's written consent, except in limited circumstances permitted or required by law.*

**I authorize The College of William & Mary to share the information circled below with my parents, spouse, and/or guardian(s).**

YES NO Information concerning my academic performance, including grades, notification of academic warning, academic probation, and required academic withdrawal  
**Yes, but limited to whom:** \_\_\_\_\_

YES NO Financial information, including billings, charges, payments, refunds, and scholarships  
**Yes, but limited to whom:** \_\_\_\_\_

YES NO Information concerning judicial / honor investigations and/or actions.  
**Yes, but limited to whom:** \_\_\_\_\_

**If yes to any of the above, provide contact information for the individual(s) you wish to have access to these records:**

**Parent/Spouse/Guardian 1:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Parent/Guardian 2:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Parent/Guardian 3:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_