

**BELMONT UNIVERSITY
MEDICAL INFORMATION FORM**

NOTICE: THE FOLLOWING INFORMATION IS REQUIRED OF ALL STUDENTS WHO PARTICIPATE IN BELMONT-SPONSORED GROUP TRAVEL WHERE TRAVEL IS MORE THAN 150 MILES FROM NASHVILLE ONE WAY OR IS FOR AN OVERNIGHT STAY.

Name:

Address:

Phone:

Email Address:

Date of Birth:

In Case of Emergency Notify (include name, address, phone, email address):

Personal Physician:

Physician's Address and Phone Number:

Health Insurance Company:

Address and Phone:

Policy Number:

Identify any past or current medical conditions and allergies knowledge of which may be necessary to facilitate your participation in the program and/or for effective medical treatment:

Current Medications: