HEALTH and EMERGENCY INFORMATION

Complete and return by June 15, 2011 to:
Collegetown USA Program
Concordia Language Villages – 901 8th St S – Moorhead, MN 56562

_____ _____
Last Name First Name Birth Date: Month/day/year

_____
Home Address: Street City Provence/State Country

_____ _____
Phone : Country Code + phone number E-Mail

Sex: □ Male □ Female

About MEDICATION: If you bring medication, be sure to have the medication's name and label information translated into English before you arrive. This is especially important if you take the medication every day.

- Do you have a health condition (e.g. allergies, chronic conditions) or special circumstance that may affect program participation or that we ought to know about prior to emergency treatment? . . . . . □ Yes □ No
  If yes, please explain and list any current medication:

  _____

  _____

- Most meals will be prepared and eaten at the college's cafeteria. In that setting, you will be responsible for monitoring your own food intake. Please answer these questions about your nutrition status:

  Are you allergic to any foods? . . . . . □ Yes □ No
  If yes, what food are you allergic to?

  _____

  Would you die if you ate this food (anaphylaxis)? . . . . . □ Yes □ No

- In case of a medical emergency, who should we notify? Email: _____

  _____ Phone: _____
  Name/ Relationship to You Country Code + phone number

  _____
  Address City Provence/State Country

By signing this form, I affirm that information is true and complete. I also affirm that I will arrive ready to fully participate in the Collegetown USA experience.

_____
YOUR SIGNATURE Date

Thank you! We look forward to your arrival.
Questions about health services can be directed to Linda Erceg, RN, MS, at erceg@cord.edu.