

Summer Experiences  
Personal and Medical Information Form

Please complete this form accurately and completely. This form will be held as part of your confidential record.

**PERSONAL INFORMATION**

Student First Name \_\_\_\_\_ Student Preferred First Name \_\_\_\_\_

Student Last Name \_\_\_\_\_ Program attending \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex\* \_\_\_\_\_

*\*If you wish to provide more details regarding your sex or gender identity, you are welcome to do so in the additional information section.*

**EMERGENCY CONTACT INFORMATION**

Custodial Parent/Legal Guardian Name(s) \_\_\_\_\_

Custodial Parent/Legal Guardian: Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
(include area and/or country code) (include area and/or country code)

**MEDICAL HISTORY**

1. Please list and/or describe any current medical conditions, including psychological conditions such as anxiety or depression.  
(attach another sheet if necessary)

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2. List all medications (prescription or over-the-counter), vitamins, or supplements you are currently taking:

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3. List any medications you are allergic to:

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4. Do you have any food allergies or intolerances?  Yes  No  
*If yes, please complete and send with this form a copy of the **WashU Food Allergy or Intolerance Agreement** available on our website.*

5. Do you have any special housing, dietary, or other needs?  Yes  No  
*If yes, please explain in additional information section on the next page. Please note that WashU is unable to provide kosher and halal meals during the summer.*

Student Last Name, First Name \_\_\_\_\_

6. Additional Information (attach another sheet if necessary):

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

**IMMUNIZATION RECORD**

Please complete the required information below.\* There is no need to attach a separate sheet with immunization dates.

- 1) I certify that I am currently up-to-date on all required immunizations and tests as required by law.\*  Yes  No
- 2) Measles/Mumps/Rubella (MMR): dates #1 \_\_\_\_\_ #2 \_\_\_\_\_
- 3) Have you had chicken pox?  Yes  No      Have you received the chicken pox vaccination?  Yes, date \_\_\_\_\_  No

*\*If you are exempt from immunizations, please provide documentation regarding exemption.*

**HEALTH CARE PERMIT**

Missouri law provides, as a general rule, that medical, surgical, and mental health care may not be provided to a minor (a person under 18) without consent. In order to facilitate the prompt provision by the Student Health and Counseling Services of both routine and emergency care, a student’s parent/legal guardian must sign the following statement:

“I consent and give my permission for my child/ward to receive medical, surgical, and mental health care deemed advisable and appropriate by Student Health and Counseling Services or by a physician, health care worker or hospital selected by Student Health and Counseling Services. I understand that, except in an emergency, no surgical operation (other than a minor office procedure) will be performed on my minor child/ward without my being contacted and fully informed.”

Date	Signature of custodial parent or legal guardian	Print name	Relationship to Student

**HEALTH INSURANCE**

All participants **MUST** be covered by health insurance while at WashU including hospitalization coverage.

Name of Insurance Company: \_\_\_\_\_

Name of Subscriber/Insurance Holder: \_\_\_\_\_

Member ID: \_\_\_\_\_

Group Number: \_\_\_\_\_