

**UNIVERSITY OF HARTFORD**  
**THE HARTT SCHOOL COMMUNITY DIVISION**

**STUDENT MEDICAL INFORMATION**

**Program Enrolled in** \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**EMERGENCY CONTACTS**

1) Parents' or Guardians' Name(s) \_\_\_\_\_  
Phone \_\_\_\_\_

2) Parents' or Guardians' Name(s) \_\_\_\_\_  
Phone \_\_\_\_\_

**HEALTH CONDITIONS** (heart, lung, blackouts/convulsion, diabetes, asthma, bronchitis, epilepsy, etc.)

\_\_\_\_\_

Allergies we should be aware of? (Drugs, food, environmental, etc.) \_\_\_\_\_

\_\_\_\_\_

Prescription & Non-prescriptions Medications (please list) \_\_\_\_\_

**PHYSICAL INJURIES** \_\_\_\_\_

Any other information you feel would be helpful for the instructor(s) to be aware of (learning styles, sensitivities etc. ) \_\_\_\_\_

\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Name \_\_\_\_\_

Identification Number \_\_\_\_\_

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

Parent/Guardian full legal name \_\_\_\_\_

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

All information on this form is kept strictly confidential. Access to this form is restricted to HCD directors, designated staff and any healthcare professional that may be consulted to provide medical assistance.

Please return this completed form to: [Dancedesk@hartford.edu](mailto:Dancedesk@hartford.edu)