



PLEASE PRINT PATIENT INFORMATION FORM

LAST NAME		FIRST NAME		MIDDLE INITIAL	
MAILING ADDRESS			CITY		STATE ZIP
HOME PHONE		CELL PHONE		PLACE OF BIRTH COUNTRY OF CITIZENSHIP	
DATE OF BIRTH		STUDENT ID #		SEX	MALE [] FEMALE []

UNDERGRADUATE [] GRADUATE [] SUMMER PROGRAM [] SESSION # []

NOTIFY IN CASE OF EMERGENCY

NAME		RELATIONSHIP		NAME		RELATIONSHIP	
HOME TELEPHONE		WORK TELEPHONE		HOME TELEPHONE		WORK TELEPHONE	
ADDRESS	CITY	STATE	ZIP	ADDRESS	CITY	STATE	ZIP

PERSONAL PHYSICIAN / HEALTHCARE PROVIDER

NAME		TELEPHONE NUMBER					
ADDRESS				CITY	STATE	ZIP	

CONSENT FOR TREATMENT
(IF UNDER 18 YEARS OF AGE, SIGNATURE OF BOTH PARENT/GUARDIAN AND PATIENT IS REQUIRED)

I grant permission for the Health and Wellness personnel at Saint Joseph's College of Maine to administer to me routine medical treatment for minor illnesses/injuries and to arrange for any emergency medical care, if the circumstances at that time make it impossible for me to make that decision.

Patient's Signature	Date
Parent/Guardian's Name (If patient is under 18)	Relationship
Parent/Guardian's Signature (If patient is under 18)	Date

CONFIDENTIALITY STATEMENT
This information is for the use of the Saint Joseph's College Health and Wellness Center. This information will not be shared with other offices within the College or released to individuals outside of the College without your written permission, except in response to a court order, as required by State or Federal law, or as necessary, in our professional judgment, in cases of emergency.

WHEN AND WHERE TO SEND THE HEALTH FORMS
The Student Health forms must be completed, signed and submitted by August 1 for the fall semester and before January 15 for the spring semester. Please make a photocopy of all the forms for your records; if the originals fail to reach us you will need the copy.

Mail to: Saint Joseph's College
Health and Wellness Center
278 Whites Bridge Road
Standish, ME 04084-5236

NOTE: FAILURE TO MEET STATE OF MAINE AND SAINT JOSEPH'S COLLEGE IMMUNIZATION REQUIREMENTS WILL RESULT IN DENIAL OF REGISTRATION.