



Health Information/ Emergency Contact/ Notification Service

Student Affairs

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901 x2311
FAX (714) 681-7224
Email: studentaffairs@hiu.edu

STUDENT INFORMATION

Name _____ Last Name _____

HIU Student ID Number _____ Date of Birth _____

Gender: Male Female

Name of Health Insurance _____

Insurance Policy/Group # _____ I.D. # _____

Specialist _____ Health Insurance Phone _____

I wish to not disclose my insurance information. I assume full responsibility for medical expenses in the case where medical attention is needed.

_____ *INITIALS OF PARTICIPANT & PARENT/GUARDIAN [if applicable]*

ALLERGIES AND MEDICAL ALERTS

Please list any allergies, chronic illness, or other medical conditions (*if any*) experienced by the student: (Example: Penicillin, Ibuprofen, Sulfa, Seasonal, Bee Stings, Dust, Peanuts, Pineapple, Bananas, Diabetes, Asthma, Heart Condition)

Please list current medications prescribed by a physician:

Name of Medicine	Dosage/Frequency	Termination Date
1) _____		
2) _____		
3) _____		

If applicable, please outline any special circumstances we should know about, or special accommodations that you may need during your stay:

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to You _____

Cell Phone _____ Alternate Phone _____

Email _____

Student Signature _____ Date _____

Print Name _____

NOTIFICATION SERVICE

In the event of an emergency situation on campus, you may be notified by text, email, and phone. The following information is needed for the database.

Cell Phone _____ Please use this format: 000-000-0000 Email _____ This should be an email address that you check often or receive notifications.

I Live: At home - I am a commuter student On-campus in the Alpha dorm On-campus in the Omega dorm

Student Status: Traditional Undergraduate Graduate ESL Dorm only

I Attend Classes In: Fullerton Anaheim

Print Name _____

OPT-IN TO THE NOTIFICATION SERVICE

To receive text messages you must "opt-in" to the system. Please take a moment to do this now.

1. Send a text message to "67587"
2. In the body of the message, type "YES"
3. After sending the message, you will receive a confirmation message
4. Your service plan needs to have SMS enabled

There is no cost for the service; however, standard message rates may apply.

Name _____
First Name Middle Initial Last Name

PARENT/GUARDIAN INFORMATION *(If student is under the age of 18 at the time of the event)*

To be filled out by an adult authorized to give permission for the above-named student to receive medical attention.

I, _____ *(please print)*, as the Mother Father Legal Guardian *(check one)*, of the above-named student, do hereby consent to his/her involvement in the event that my child sustains any condition requiring medical attention *(including, but not limited to diagnostic procedures, surgical treatment, blood transfusions, and dental care)* I consent to the rendering of such treatment by authorized members of the hospital staff or their designees as may in their professional judgment be necessary. I also give my consent to an authorized representative of Hope International University to arrange for any care and treatment necessary to preserve the health of my child.

I understand the contents of this form and agree to all parts that I have not crossed out and initialed. I hereby acknowledge that no guarantees have been made to me as the effect of such examinations or treatment on my child's condition.

I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment rendered during this period and release Hope International University of any liability.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Name _____