

# SAN FRANCISCO CONSERVATORY OF DANCE

## Medical Information

Date: \_\_\_\_\_

Student name: \_\_\_\_\_  
(Last, First, M.I.)

Student is subject to certain medical conditions or pre-existing conditions as follows:

\_\_\_\_\_

Condition started (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

Condition started (date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the student requires regular medication, please be sure he/she is adequately supplied and instructed while attending San Francisco Conservatory of Dance.

Student takes the following prescribed medications on a regular schedule:

\_\_\_\_\_ Purpose: \_\_\_\_\_ Schedule: \_\_\_\_\_

\_\_\_\_\_ Purpose: \_\_\_\_\_ Schedule: \_\_\_\_\_

Student is allergic to the following:

\_\_\_\_\_

It is mandatory that all students attending San Francisco Conservatory of Dance have Health Insurance. Please provide the following information for the student's health insurance carrier. Please attach a photocopy of medical card, front and back.

Insurance company name: \_\_\_\_\_

Insurance company phone #: (\_\_\_\_\_) \_\_\_\_\_

Circle one: a.) PPO b.) HMO c.) POS d.) No restrictions on physician/facility choice

Insurance company address: \_\_\_\_\_

(Street or P.O. Box, City, State, Zip)

Policy holder's name & I.D. number (or S.S.#): \_\_\_\_\_

Policy holder's Relationship to student: \_\_\_\_\_

Group number: \_\_\_\_\_

Student's social security #: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_