

To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®

STUDENT PROFILE

Please print or type in black ink only. **PERSONAL INFORMATION**

Last Name	First	Date of Birth	
Address	City	State Zip Code	
Home phone #			
Names of parent(s)			
Father's business phone #	Mother's	Mother's business phone #	
EMERGENCY INFORMAT	ION		
Name of contact		Relationship	
Home phone #	Business phone #	Cell phone #	
Second contact		Relationship	
Home phone #	Business phone #	Cell phone #	
Do you take any medication reg	yes □ no If yes, list: gularly? □ yes □ no		
Is there any other information repsychological care past or prese		hould be aware (eating disorders, chronic conditions	
Do you have any dietary restric	tions? yes no Please explain:		
Name of medical insurance		Policy #	
Primary Care Physician Nan	ne and Phone		