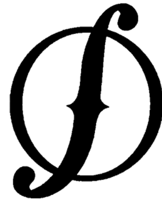
ASTA/NJ Chamber Music Institute at Kean University



Confidential Medical Record

Student's Name ______________________________
Birthdate ______________________________
Gender _______
Parent's Name ______________________________
Parent's Phone home ______________ cell ______________
Parent's Email ______________________________
Address ______________________________
____

Person to be notified in emergency (if other than above) ______________________

Name and address of family doctor
____
____
____

Family Doctor's Phone number ______________________________
Family Doctor's Fax number ______________________________

Questions:

1. Do you have any significant illness or disability? If so, please explain

2. Have you ever had any other significant illnesses, injuries, or surgeries? If so, please explain.

3. Are you allergic to any medication? Do you have any other allergies? If so, please explain.

4. What routine medications and dosages do you take?

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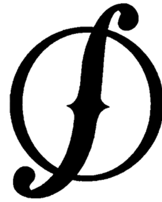

Health Insurance Billing Information

Name of company ______________________________

Claim form address ______________________________

Policy Holder Individual ID# ______________________________

Group# ______________________________

Name of policy holder ______________________________

Address of policy holder ______________________________
____
____

I hereby authorize Kean University Health Services to release to the above named insurance company information from my medical record as needed in presenting my claim for benefits.

Student's signature ______________________________ Date ____________

Parent's signature ______________________________ Date ____________

I hereby give my consent for the treatment of
(name of student attending CMI) ______________________________
(Student's date of birth) ____________
This authorization covers any procedure which may be deemed advisable by the attending staff physician and/or consultant.

Signature of parent or guardian authorized to give consent for patient treatment:
Parent's signature ______________________________ Date ____________

Guardian's signature ______________________________ Date ____________