

**San Diego Supercomputer Center
University of California, San Diego
StudentTECH Health Form**

Please Print

Name of Participant _____ Age _____

Grade _____ Date of Birth _____

Mother's Name _____

Father's Name _____

Address _____

City _____ ZIP _____

Home Telephone Number _____

Emergency Contact Information

Emergency Telephone Number _____

Mother's Work Number _____

Father's Work Number _____

Name of Contact Person (other than parent) _____

Contact Information _____

Medical Information

List any medication, food or environmental allergies:

List any medication being taken. Please include dosage and reason for medication

Health Provider and Insurance Information

Family Physician _____ Address _____

Physician's Telephone Number _____

Health Insurance Company Name

Health Insurance Company Address

Health Insurance Group and/or Policy Numbers

Name of Person who is the Primary Policy Holder
