GCC
GUAM COMMUNITY COLLEGE
Kalehon Kumunidét Guáhan
Accredited by the Western Association of Schools and Colleges

SCHOOL OF TECHNOLOGY & STUDENT SERVICES
Health Service Center
Telephone: (671) 735-5586/644; Fax: (671) 734-8330

EMERGENCY AND HEALTH INFORMATION

THIS INFORMATION IS CONFIDENTIAL:

NAME: _____ SOCIAL SECURITY NUMBER: _____
Last First Middle

GCC ID# (IF NO SS#): _____ DATE OF BIRTH: _____ SEX: ( ) FEMALE ( ) MALE

MAILING ADDRESS: _____ HOME ADDRESS: _____

CONTACT NUMBERS: HOME PHONE: _____ WORK PHONE: _____ CELL: _____ PAGER: _____

In the event of an accident or sudden illness, the information below is necessary to facilitate care and communication.

THREE (3) PEOPLE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY (AND FOR A MINOR STUDENT, THOSE THAT YOU AUTHORIZE TO PICK UP YOUR CHILD):

NAME	PLACE OF WORK	HOME PHONE	WORK PHONE	PAGER/CELL

MEDICAL INFORMATION:

Do you have any of the following conditions?

Asthma	( ) No	( ) Yes	Hearing Problem	( ) No	( ) Yes
High Blood Pressure	( ) No	( ) Yes	If yes, do you wear hearing aid?	( ) No	( ) Yes
Diabetes	( ) No	( ) Yes	Vision Problems	( ) No	( ) Yes
Heart Disease	( ) No	( ) Yes	If yes, check the vision apparatus you are using:		
Epilepsy (Seizures)	( ) No	( ) Yes	Contact lenses	( ) No	( ) Yes
Severe Allergies	( ) No	( ) Yes	Eyeglasses	( ) No	( ) Yes

Other health conditions not on the above list: _____

Allergy (specify to what substances): _____

Medications (list the names): _____

Major surgery (include the year): _____

Serious Illness or Injury (include the year): _____

Physical or Emotional Limitations: _____

HEALTH CARE PROVIDER INFORMATION:

Name of Family Doctor: _____ Phone Number: _____ Other Number: _____

Health Insurance: _____ Name of Clinic: _____

Hospital to send you in the event of an emergency: ( ) GMHA ( ) Naval Hospital

I, the undersigned, do hereby authorize GCC personnel to contact directly the persons named on this form, and do authorize the Health Center staff to render treatment as deemed necessary in an emergency. I also authorize the GCC personnel to provide the referred health agency the necessary information regarding illness or injury.

_____
STUDENT SIGNATURE (If Minor, PARENT SIGNATURE) DATE