

# IMPACT NOW

## Summer Internship Medical Information

1. Have you ever had any serious illness? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you presently on any kind of medication? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you allergic to any foods, medications, so forth? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you presently under physician's care? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Please provide any details, not covered by previous questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please list your Insurance provider and policy number (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby do further give my consent for the directors of properly appointed staff members of this internship to secure administration of medical treatment or medication for myself (or my child), in case of emergency, and I do further agree to the performance of such treatments, anesthetics, and operations as in the opinion of the attending physicians is deemed necessary. The following is a list treatment that should NOT be given to me because of dangerous reactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If the applicant is less than 18 yrs. a parent/guardian needs to place their signature in the space provided*