This is an important document. Read carefully before signing.

In consideration of my acceptance into the Great Books Summer Program, the Oxford Programme, and/or the Politics and Vocation Program at the Thomas More College of Liberal Arts, Inc., I,

__________________________________________________________________________________________

Acknowledgment that I will not hold the Thomas More College of Liberal Arts, Inc. liable for any medical emergency or damage, which may occur during or as a result of my participation in the aforesaid program.

I recognize and accept The Thomas More College of Liberal Arts, Inc. will bear no responsibility whatsoever for any illness, injury, or allergic reaction that arises as a result of any precondition.

Signing this document indicates that you are aware of the risks associated with participation in the program.

_________________________________________________________   _____________________________
Signature               Date

_________________________________________________________   _____________________________
Parent’s Signature (if student is under age 18)               Date

_________________________________________________________   _____________________________
Signature of Thomas More College                               Date
of Liberal Arts, Inc. Representative
MEDICAL INSURANCE INFORMATION

(Please make a copy of your insurance card - both sides- and staple it to this form)

Name of Insurance__________________________________________________________

HMO_______ PPO________

Subscriber’s Name________________________________________Policy Number____________

Group No._____________________________ Insurance Phone No.______________________

Primary Physician___________________________________________________________

Office Phone ________________________________

Address__________________________________________________________
In order to provide adequate and effective health services for our students, it is necessary to have on file a health record for each student. All information will be considered confidential.

Please mail this form to: The Thomas More College of Liberal Arts, Inc., Six Manchester Street, Merrimack, NH 03054.

Student’s Full Name ____________________________ Date of Birth ______________

Program attending at TMC__________________________

Family Physician Information (please include name, address, and phone number):

Family Doctor:  
_________________________________________________ Phone Number ____________

Contact Information in the event of an emergency or serious illness.

1. Name ____________________________ Relationship to student:  
Work phone: Cell phone: Home phone:

2. Name ____________________________ Relationship to student:  
Work phone: Cell phone: Home phone:
Date of Tetanus shot:

**ALLERGIES**

<table>
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<td>Penicillin medication</td>
<td>Y</td>
<td>N</td>
<td>Bees/Wasps</td>
<td>Y</td>
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<td>Sulfur medications</td>
<td>Y</td>
<td>N</td>
<td>Latex</td>
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<td>N</td>
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<td>Chicken/Feathers/Eggs</td>
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<td>N</td>
<td>Pollen/Dust/Mold</td>
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<td>N</td>
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<tr>
<td>Nuts</td>
<td>Y</td>
<td>N</td>
<td>Food (list below)</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**OTHER ALLERGIES: (PLEASE LIST)**

**OTHER**

Please list any other information which you feel we need to know.

_____________________________   ___________________
Signature of Student        Date

_____________________________   ___________________
Signature of Parent (if under 18)      Date

Revised December 22, 2015