



TIFFIN UNIVERSITY **CLUB & RECREATIONAL SPORTS**

MEDICAL INFORMATION

Medical Insurance
Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Group # _____ I.D.# _____

Medical History (if pertinent):

Allergies, present medications, special considerations:

Parent/Guardian: _____

Address _____

City _____ State _____ Zip Code _____

EMERGENCY MEDICAL INFORMATION

NAME _____ (____) _____
HOME PHONE

(____) _____
WORK PHONE

Club & Recreational Activity _____

Student's Name _____

Date(s) of Activity _____

SOCIAL SECURITY NUMBER _____

www.tiffin.edu

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