CHABAD HOUSE-LUBAVITCH
RUTGERS UNIVERSITY

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"YOUR HOME AWAY FROM HOME"

MEDICAL FORM FOR CHABAD HOUSE RESIDENTS

Due by August 23, 2024

1. **ALL Residents must have a medical form on file.**
2. **All sections of this form must be completed, stamped and signed by a physician.**
3. **Please complete and submit this form to us by the date above.**
4. It is important that we are made aware of any medical conditions or dietary needs that our residents have prior to moving in to Chabad House. This will help us better serve the student's needs. If needed, please submit an emergency treatment plan for the student.
5. Please fill out the emergency contact information in the back of this form.
6. After all sections of the form are completed, please email/mail/fax to our office.

I. TO BE COMPLETED BY THE STUDENT		
Name:		Rutgers ID:
Cell #:	Email Address:	
Academic Year:		Meal Plan:

Please describe and/or list medical conditions, prescription medications, and/or dietary needs and any adjustments you require:

II. TO BE COMPLETED BY PRIVATE PHYSICIAN OR RUTGERS HEALTHCARE PROVIDER.
Describe briefly your medical findings regarding the student's condition or special dietary adjustments required. Please include when the illness began and expected duration. If needed, please attach an emergency treatment plan.
Please list any current medications student is currently taking:
Please suggest dining/nutritional accommodations to be considered for this student:
☐ Gluten free diet ☐ Nut free diet ☐ Special ingredient diet_____
☐ Lactose free diet ☐ High Fiber diet ☐ Other_____
Hospital of preference in the event of an emergency: _____

Print Provider's Name:	Address:
Phone #:	Fax #:
Provider's Signature:	Date:

THE PHYSICIAN/HEALTHCARE PROVIDER DOES NOT DETERMINE A RELEASE FROM THE MEAL PLAN OBLIGATION. ALL STUDENTS RESIDING IN CHABAD HOUSE OR ANY OTHER RUTGERS RESIDENCE HALL ARE REQUIRED TO HAVE A MEAL PLAN. DINING SERVICES WILL WORK WITH STUDENTS ON AN INDIVIDUAL BASIS TO ACCOMMODATE SPECIAL DIETARY NEEDS.

Student's Signature:_____

Emergency Contact and Consent

Student's Name:	Birth date:
Home Phone:	Cell Phone:
Address:	
Mother's Name	
Work Phone:	Cell Phone:
Father's Name:	
Work Phone:	Cell Phone:

Please list two additional Emergency Contacts:

Name:	Home/Work Phone:
Relationship:	Cell Phone:
Name:	Home/Work Phone:
Relationship:	Cell Phone:
Name and phone number of primary care physician:	

Authorization to Obtain Urgent or Emergency Medical Care

I, _____ (name of student), give permission for Chabad House at Rutgers and its staff, to provide or obtain urgent emergency medical care on my behalf for my own benefit. I authorize health care providers to render such care as may be necessary. I agree to be financially responsible for such care.

Student Name (Print below):	Student Signature:
Medical Insurance Company:	Policy/Group Number:
Participant ID Number:	Insurance Phone Number:

Photo Permission

I understand that I may be included in photographs and video footage that may be filmed at Chabad House. I authorize Chabad House at Rutgers to use these photos/videos to promote its programs and services in print, web, and other promotional contexts.

Student Name (Print below):	Student Signature: