

Iowa State University  
Information Assurance Center  
Doug Jacobson, Director

# IT-Olympics

## Medical Information

\_\_\_\_\_,  
**Student Name**

\_\_\_\_\_  
**High School**

\_\_\_\_\_  
**Medical Insurance**

\_\_\_\_\_  
**Dental Insurance**

\_\_\_\_\_  
**Physician Name and Office Phone**

\_\_\_\_\_  
**Dentist Name and Office Phone**

**Is there other information such as health concerns (allergies, etc.) we should know about?**

**I give my permission for the Iowa State University Student Health Center or any other medical facility to provide medical assistance to my daughter/son.**

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**

**Information Assurance Center  
Doug Jacobson, Director  
2215 Coover Hall  
Ames, IA 50011**