

Precollege senior residential staff and faculty on an as-needed basis and will be kept strictly confidential.

Precollege Studies

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2022 Health Information to Assist Precollege Senior Residential Staff and Faculty

This form must be completed if any of the health issues described below apply to your student. If you have any questions, please send an email to **precollegehousing@cornell.edu**.

We are looking forward to a positive, safe, and healthy summer together. To facilitate that, we request that you provide the Precollege senior residential staff and faculty with some basic information about your student's health. This will enable us to work with your student to accommodate special needs and provide assistance, if necessary.

Note: Precollege residential staff do not administer medication. Students should be prepared to properly store and self-administer any required medication. Please return this form as soon as it is completed—or to arrive no later than May 13, 2022—to: Email: precollegehousing@cornell.edu We recommend that you keep a copy of the signed form for your reference. Please use the back of this form or attach additional sheets if necessary. Student's name: _____ Student's program: _ STUDENT'S PROGRAM NAME 3-week session 3 3-week sessions 2 and 3 6-week session Architecture program 3-week session 2 Housing If your student has any special needs/considerations that need to be addressed in the housing process, please explain. Also, your student must register with the Student Disability Services office at sds.cornell.edu/get-started. **Students with Sexual Orientation/Gender Identity Considerations** Please be aware that Precollege housing is assigned by gender by buildings, floor, and/or wing. We strive to meet the needs of each of our students. Precollege students who have concerns about their roommate match and/or housing assignment in relation to their sexual orientation or gender identity can request assistance. You may contact the Precollege residential office directly at precollegehousing@cornell.edu. Students will not be asked to provide more information than is necessary. All inquiries will remain confidential. Medications Please list all **medications** your student will be taking while they are here. ____ Current health issues If yes, do they carry an epi pen? Yes Does your student have **allergies** to food, medicines, insects, plants, etc.? Yes No No For food allergies or other dietary needs, we recommend contacting the Student Disability Services office by email at sds_cu@cornell.edu or by phone at 607.254.4545. Please list the allergies: ___ Does your student have asthma? Yes If yes, do they use an inhaler? Yes Does your student have convulsions/seizures? Yes If yes, please explain: ___ Does your student have diabetes? Yes If yes, how is it treated? Medicine Insulin injections Please list physical, medical, and behavioral conditions that may affect or limit your student's participation in residence hall activities (such as mobility challenges, sleep walking, bleeding disorders, mental health concerns). Again, this information will help us provide your student with a safe, supportive learning environment. Is there anything else that would be helpful for us to know? Certification I understand this form will **only** be shared with the STUDENT SIGNATURE DATE:

PARENT/GUARDIAN SIGNATURE