

STUDENT INFORMATION

Last Name	First Name	MI.	Date of Birth
Permanent Address	City	State	Zip Code
Home Phone #	Cell Phone #:		

CHECK LIST: Complete the tasks listed next to each box.

- ☐ Attach a copy of your insurance card (front and back of card) with this form.
- ☐ Complete the Immunization Records/ Meningococcal Meningitis Information section with a signature.
- ☐ Attach an official copy of your Immunization Record to this form.
- ☐ Under the Age of 19: complete Power of Attorney for Medical Care of a Minor

INSURANCE INFORMATION

All university international students and all traditional undergraduate students enrolled in six or more credits, who are actively taking courses on campus or living in the residence halls, **are required to have health insurance**. Student health insurance plans are available through independent insurance agencies, providing availability to sickness and accident coverage for them and their dependents. Students must be actively enrolled and attending classes to be eligible for coverage for college students. **Please attach insurance card to this form.**

IMMUNIZATION REQUIREMENTS

The following immunizations must be current for all Nebraska Christian College of Hope International University students and are **required for living on campus**: **Please attach immunization record to this form.**

1. Tetanus Diphtheria (*current in the past 10 years*)
2. Measles, Mumps, Rubella (*2 dates needed*)
3. Polio (*primary series*)
4. Hepatitis B (*3 dates needed*)
5. Mantoux Tb Skin test within past year

MENINGOCOCCAL MENINGITIS INFORMATION

Nebraska State Law requires postsecondary educational institutions to provide information to students and parents/ guardians of the risks of associated with the potentially fatal meningococcal disease. Nebraska Christian College encourages each student to read the following information and receive meningococcal immunizations through their health care provider.

Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord). Anyone can get this disease, but it is more common in infants, children, and young adults. Also, college freshmen who live in dormitories have a slightly higher risk of getting this disease. It can spread by direct close contact with nose or throat discharges of an infected person. Many people can carry this particular germ without showing signs of illness. Others may develop very serious symptoms. Additional information about this disease can be found at the Centers for Disease Control and Prevention website:

<https://www.cdc.gov/meningococcal/>.

- ☐ I have received the Meningitis vaccine (Menomune/MPSV4) (*1 date*)
- ☐ I have chosen not to be immunized for Meningococcal Meningitis. I have read the information on Meningococcal Meningitis at <https://www.cdc.gov/meningococcal/>.
- ☐ **ATTACH** an official copy of your immunization to this form.

My signature below signifies that I have read the information provided (*signature required if living on campus*).

Signature of Student

Date

Signature of Parent/Guardian, *if student is under 19*

Date

OPTIONAL- Indicate if there any other issues NCC should be aware of as it relates to allergies, diet restrictions, health, mental health, or disability.

POWER OF ATTORNEY FOR MEDICAL CARE OF A MINOR

The undersigned _____ whose residence is located in _____

does hereby state that the undersigned is a parent/guardian of the following minor: _____ ,

whose date of birth is (Month)_____ (Day)_____ (Year)_____ and whose NCC Student ID number is _____.

- Such minor is not a ward of the state.
- Pursuant to Nebraska Probate Code § 30-2604, the undersigned hereby delegates to such minor, all powers delegable under Nebraska Probate Code § 30-2604, regarding the parent's/guardian's power to consent to such minor's own health care and medical treatment.
- This delegation shall have precedence over any other delegation of such powers.
- This delegation commences as of the date below and terminates: [check one]
 _____ If such minor is at least eighteen (18) years old at the date hereof, then this Power of Attorney shall expire the day before the first anniversary of the execution of this Power of Attorney; or
 _____ If such minor is not at least eighteen (18) years old at the date hereof, then this Power of Attorney shall expire one hundred and eighty-two days from the execution of this Power of Attorney.
- This Power of Attorney shall not be affected by the disability of the undersigned and shall remain in effect, notwithstanding the later disability or incapacity of the undersigned or the later uncertainty as to whether the undersigned may be dead or alive.

On this the _____ (day) of _____ (month), _____ (year), before me,

_____ (name of Notary Public), the undersigned Notary Public, personally

appeared _____ (name of Signer), proved to me on the basis of

satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that

he/she executed the same for the purposes therein stated.

Witness my hand and official seal.

_____ (Signature of Notary Public)

_____ (Other Required Information)

COPY IS AS VALID AS ORIGINAL POWER OF ATTORNEY FOR MEDICAL CARE OF A MINOR

Original signature and seal required. This form can be mailed or hand-delivered to:

Office of Student Affairs
c/o Leslie Stevens, Dean of Students
Nebraska Christian College, 12550 South 114th Street, Papillion, NE 68046

Phone: 402-935-9400
Fax: 402-935-9500

Revised: 01/25/2019