



0513502



### HEALTH CAREER PROGRAMS

PROGRAM: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

GATEWAY E-MAIL ADDRESS: \_\_\_\_\_

Were you ever in another Health Occupations Program? Yes \_\_\_\_\_ No \_\_\_\_\_

What Program \_\_\_\_\_

What Campus \_\_\_\_\_ Date in Program \_\_\_\_\_

I understand that the information provided in this Health Care Packet may be shared with Gateway Technical College’s associated clinical and field sites and consent to its release. I understand that Gateway cannot guarantee allergen-free clinical or field sites and, if I have an allergy or sensitivity to a particular allergen, it is my responsibility to mitigate potential reactions through appropriate means. I further affirm that the information contained within this form is true and accurate.

STUDENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Complete and forward to any Student Services Center:

**Burlington Center**  
496 McCanna Pkwy  
Burlington, WI 53105

**Elkhorn Campus**  
400 County Road H  
Elkhorn, WI 53121

**Kenosha Campus**  
3520 - 30<sup>th</sup> Avenue  
Kenosha, WI 53144

**Racine Campus**  
1001 S. Main Street  
Racine, WI 53403