



New Student Form
Wegmans Pharmacy #071
500 South Meadow Street
Ithaca, NY 14850
Phone: 607-277-1772
Fax: 607-277-5890

Patient Information:

Student Name: _____
Last First MI

Student ID _____ Student Insurance? _____

Date of Birth: _____ Gender: male female

Medication Allergies: _____

Home Address and Zip Code: _____

Student Cell Phone: _____ Mobile Carrier _____

Insurance Information:

Name of carrier: _____

ID number: _____

Bin number: _____

PCN number (if provided): _____

RX Group Number: _____

Relationship to Cardholder: _____

Person code: _____

*****Medications will be delivered to the Health Center unless noted otherwise*****

*****Please provide a copy of the front and back of the Rx Insurance Card*****

THIS FORM SHOULD ONLY BE FILLED OUT IF YOU LIVE ON CAMPUS
SPRING 2021. DELIVERIES TO THE HEALTH CENTER ARE NOT ALLOWED
FOR OFF CAMPUS STUDENTS DUE TO COVID



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Ithaca, NY 14850
Phone: 607-277-1772
Fax: 607-277-5890

Email: pharmacy.store071@wegmans.com

Authorization for the Release of Medication

I authorize Wegmans Food Markets, Inc. to release my prescription medication to the Ithaca College Hammond Health Center. The Health Center will hold my prescription until I pick it up or for **5 days**, whichever is less.

Wegmans Pharmacy is unable to take prescription medication back once it has been released to the Health Center.

Patient Information: (please print clearly)

Name _____

Date of birth _____

Student ID Number _____

Contact Information:

Student Cell Phone Number

Email

Signature:

X _____

Date

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