

(SAMPLE)

MEDICAL FORM

Student's Name _____ Date of Birth _____

Address _____ Telephone _____

Parent/Legal Guardian _____

Parent's Employer _____ Telephone _____

EMERGENCY PHONE NUMBERS

Day Phone

Father _____ Mother _____ Friend _____

Evening Phone (other than home) _____

MEDICAL INFORMATION

Medicines in student's possession _____

List any allergies to medications _____

Date of last tetanus shot _____

List any pertinent medical history or chronic medical problems _____

Medical Insurance

_____ (Insurance company)

_____ (Name of insured)

_____ (Policy Number)

Signature _____
(Parent/Legal Guardian)

Date _____