

MEDICAL INFORMATION FORM

2009-2010

Student/Minor

Legal Name (first, middle, last): _____

Address: _____
(street address, city, state, zip)

Emergency Contacts

Parent(s) or Guardian

Name (first, middle, last): _____

Relationship _____

Phone (including area code): Home _____ Cell _____ Work _____

Other Contact

Name (first, middle, last): _____

Relationship _____

Phone (including area code): Home _____ Cell _____ Work _____

Student/Minor's Regular Physician

Name (first, middle, last): _____

Phone (including area code): Work _____ Home _____

Medical Conditions

Please list any medical conditions of the above student/minor (asthma, diabetes, epilepsy, etc):

Please list any allergies or allergic reactions to medications of the above student/minor:

Please list any medications the above student/minor is now taking:

Date of student/minor's most recent tetanus shot: _____

Other pertinent medication information:

Medical Insurance Information

Company: _____ Identification # of plan: _____

Identification # of covered employee: _____

Name of covered employee: _____