

Carroll Catholic School

111 Fourth Street, Lincoln, Illinois 62656

MEDICAL INFORMATION FORM

Student/Minor

Legal Name (first, middle, last): _____

Address: _____

Emergency Contacts

Parent(s) or Guardian

Name (first, middle, last): _____

Phone (including area code): _____

Other Contact

Name (first, middle, last): _____

Relationship _____
(friend, relative, neighbor, etc.)

Phone (including area code): _____

Student/Minor's Regular Physician

Name (first, middle, last): _____

Phone (including area code): _____

Medical Conditions

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

OVER

4/7/03

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 medical information:

Medical Insurance Information

Company: _____

Identification number of plan: _____

Identification number of covered employee: _____

Name of Covered employee: _____