

Medical/Personal Information Form

Student Name: _____

Date of Birth: _____ Age _____

Home Address: _____

Cell Phone: _____

E-Mail: _____

(Req.) Parent/Guardian 1 Name: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-Mail: _____

(Opt.) Parent/Guardian 2 Name: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-Mail: _____

Family Doctor: _____

Office Phone: _____

Allergies/Dietary Preferences (List all – i.e. Medicine, Food)

Health Problems (List all – i.e. Heart, Respiratory, Blood Pressure, Asthma, Diabetes, etc.):

Required Medication and Dosage:

I hereby give all Doctors, Nurses, or other Emergency Personnel to give all reasonable treatment to me if I'm not capable of giving my permission.

Student Name _____ Date: _____

. I hereby give all Doctors, Nurses, or other Emergency Personnel to give all reasonable treatment to my child if he/she is not capable of giving his/her permission.

Parent/Guardian Name _____ Date: _____