

Reviewed by _____ Date _____

Medical Information Form

Student's Name _____

For the safety and comfort of your child, we need to be aware of any medical problems that may effect your child and others. Please fill out below:

Medical concerns

Medicines taking and for what condition

Allergies

In case of an emergency, please list the name and telephone number of the person that may be contacted.

NAME _____

TELEPHONE NUMBER (s) _____

INSURANCE COMPANY _____

POLICY NUMBER _____

I, the undersigned, give permission to take _____ to the nearest hospital in the case of an emergency.

Parent/Guardian Signature _____