

Medical Information Form

In order to best care for your student(s) it is necessary for you to provide written authorization for the chaperones or directors to consent to emergency medical treatment for your children if you are not available.

Student Name _____ Parents Name _____
Address _____ Birthdate _____
Home Phone _____ Work Phone _____
Height _____ Weight _____ General Physical Condition is _____

Has the Student;

been hospitalized? _____ for _____ date _____

had surgery? _____ for _____ date _____

had a tetanus shot? _____ date of last booster _____

been wearing glasses? _____ contacts? _____

been taking any kind of medication? _____ for _____

Name of any prescription medications _____

Name of student's Physician _____ phone _____

Dentist _____ phone _____

Emergency contact _____ phone _____

Preferred Hospital _____

Please circle any areas below where there should be any particular medical considerations for this student. Please attach a written description of concerns or recommended medical procedures that should be considered for this student.

major illness major injury muscles eyes skin skeletal

dental diabetes internal allergies epilepsy other

