Medical Information Form

Students Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____

Student's cell#: _____

Emergency Phone Numbers

Fathers Name: _____
Home: _____ Cell: _____

Mothers Name: _____
Home: _____ Cell: _____

Other contact Name: _____
Relationship: _____ Phone number: _____

Medical Information

Does the student have any physical or mental conditions that we need to know about?

_____

Allergies: _____ Medications/For: _____
Medications in students possession: _____ Used for: _____
Glasses/Contacts: _____ Doctor's Name / Phone: _____
Height: _____ Weight: _____

Insurance Information
In case of an emergency and parent cannot be contacted I authorize any chaperone associated with the trip to obtain medical attention for my son/daughter.

Parent Signature: _____ *Date:* _____

Insurance Company: _____

Subscriber #: _____ Group #: _____

Phone Number: _____

Employers Name: _____

Which parent carries the insurance: _____