

Medical Information Form

Please Print And Complete All Spaces.

Students Full Name _____

Home Address _____

City _____ State/ZIP _____

Home Phone _____ Date of Birth/Age _____

Emergency Phone Numbers

Mother's Name _____

Home _____ Work _____ Cell _____

Father's Name _____

Home _____ Work _____ Cell _____

Other Contact Name _____

Relationship _____ Phone Number _____

Medical Information

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

Allergies _____ **Medications/For** _____

Medications in Students possession _____ **For** _____

Glasses/Contacts _____ **Doctor's Name/Phone** _____

Height _____ **Weight** _____

Insurance Information

In case of an emergency and a parent cannot be contacted I authorize any chaperone associated with the trip to obtain medical attention.

Students Name _____

Parents Signature _____

Insurance Company _____

Subscribers# _____ **Group#** _____

Phone Number _____

Employers Name _____

Which of the parents insurance is covering the student? _____

Parents Signature _____