



**Medical Form**  
**Please print or type all except signatures**

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Emergency notification person if parents cannot be reached at home: (List two cell numbers)

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Choice of Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Telephone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

List any special health problems (including allergies) and any medications currently being taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot (DTAP) \_\_\_\_\_

Must have this date, it can be found in your child's schools records.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_