

Student Information Form (same as back of Consent/Medical Authorization)

Student Name _____ DOB _____ Age ____ Grade ____

Email _____ Cell _____

Address _____

Parent 1 Name _____ Cell _____ Home _____

Work _____ Email _____

Address _____

Parent 2 Name _____ Cell _____ Home _____

Work _____ Email _____

Address _____

Doctor Name _____ Phone # _____

Address _____

If you or the Doctor cannot be notified, in an emergency notify:

Name _____ Cell _____ Home _____

Work _____ Address _____

Relationship to student _____

Health Insurance Company: _____

Company Phone # _____ Name on Policy _____

Policy #'s _____

Company Address _____

Health Statement

Allergies _____

Allergies to medications? (please list) _____

Reactions to allergies _____

Dietary regulations _____

Present medications _____

Date of last tetanus treatment _____

Recent health problems _____

Immunizations up to date _____

Bronchitis _____ Convulsions _____ Fainting _____

Kidney Trouble _____ Heart Condition _____ Diabetes _____

Ear Infections _____

Any other health information helpful in properly caring for student _____
