

2010-2011 MEDICAL AUTHORIZATION AND EMERGENCY INFORMATION

STUDENTS NAME _____

DATE OF BIRTH _____ SCHOOL & GRADE _____

HOME PHONE _____

HOME ADDRESS _____

PARENT'S NAME _____

FATHER'S EMPLOYER & PHONE _____

MOTHER'S EMPLOYER & PHONE _____

INSURANCE COMPANY (ATTACH COPY OF CARD) _____

STUDENT'S PHYSICIAN & PHONE _____

DATE OF STUDENTS LAST TETANUS SHOT _____

IMPORTANT! PLEASE COMPLETE THE FOLLOWING INFORMATION!

LIST ANY ALLERGIES _____

LIST ALL MEDICATIONS TAKEN REGULARLY _____

DESCRIBE ANY PHYSICAL LIMITATION (ASTHMA, DIABETES, ETC) _____

PARENT SIGNATURE _____