

**2011-12 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 \_\_\_\_\_

**IMPORTANT! PLEASE COMPLETE THE FOLLOWING INFORMATION!**

LIST ANY ALLERGIES \_\_\_\_\_

\_\_\_\_\_

LIST ALL MEDICATIONS TAKEN REGULARLY \_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY PHYSICAL LIMITATION (ASTHMA, DIABETES, ETC) \_\_\_\_\_

\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_