



Student Medical Information

Name _____ Phone _____ Date of Birth _____
Address _____ Zip Code _____

Parent or guardian's Name _____
Address _____ Zip _____
Code _____

Phone: Home _____ Work _____ Other _____
Other person to contact _____ Phone _____
Doctor _____ Phone _____
Address _____ Zip Code _____
Hospital _____ Phone _____
Insurance: Yes _____ No _____ Group no. _____
Name of Company _____

Does student have any special medical problems ? Yes _____ No _____
If yes, please explain _____

Is student taking any medication? Yes _____ No _____
If yes, please specify _____

Is student allergic to any drugs? Yes _____ No _____
If yes, please specify _____

Is student allergic to insect bites? Yes _____ No _____
If yes, does student have an insect kit for emergencies? Yes _____ No _____
When did student receive his/hre last tetanous shot? _____

Does student take medication which requires adult supervision? Yes _____ No _____
If yes, attach a letter containing instructions for administering medication.