

# MEDICAL INFORMATION

It is suggested that each director have a medical permission form for each student in their group in case emergency treatment is needed. It is also suggested that this form be notarized. Following is a sample form.

1. Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Address: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. Name of Parent or Guardian:  
\_\_\_\_\_

4. Business Address and Phone Number:  
\_\_\_\_\_

10. Does student have insurance through parent employer? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name of insurance company:  
\_\_\_\_\_ Policy Number:  
\_\_\_\_\_

11. Health History: (Check all that apply) \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Cardiac Problems  
\_\_\_\_\_ Other (specify)

12. Allergies: (Check all that apply) \_\_\_\_\_ Aspirin \_\_\_\_\_ Penicillin \_\_\_\_\_ Sulfa  
\_\_\_\_\_ Insect Stings \_\_\_\_\_ Tetracycline \_\_\_\_\_ Other (specify)  
\_\_\_\_\_ Aspirin \_\_\_\_\_ Tylenol

14. Has your child had a tetanus shot current to within six years? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia and/or surgery for my child as named above.

\_\_\_\_\_  
SIGNATURE