

Emergency & Medical Information

Emergency Contacts: (if parents can not be reached)

Name _____ Phone numbers _____ Relationship to student _____

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Medical Information

Please indicate the student's physical fitness level: Good Average Below Average

Does your child have any medical conditions that may limit, impair and/or prohibit him/her from participating in a full range of physical activities? If yes, please describe. _____

Does the student have any allergies?

Foods: Yes No Please list: _____

Medications: Yes No Please list: _____

Hay fever or seasonal allergies: Yes No Please list: _____

Is your child currently on any medication? Yes No

Please list medication and dosage: _____

Medical Insurance Information (please also provide a photo copy of the insurance card)

Insurance Company: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy Holder: _____ Policy Holder's SS#: _____-_____-_____

Employer: _____ Phone number: _____

Policy #: _____ Group #: _____