

Student Information Form

Use one form per child (duplicate if necessary)

Student Name _____

School Attending _____

Grade in Fall '08 _____ Date of Birth _____ Age _____

Parent Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Home Phone _____

Cell Phone _____

E-mail Address _____

Health/Emergency Authorization

In case of emergency or illness and parent is unavailable, please designate someone who could pick up the child.

Name _____

Relationship to child _____

Day Phone _____ Cell Phone _____

Health Information

Medications being taken _____

Allergies (especially insect stings), health concerns, etc. _____

Are there activities which your child may not participate in? _____

Immunization information:

Date of last Tetanus? _____

Parent Authorization

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to administer necessary medical care.

Signature of Parent/Guardian _____

Date _____

Medical Insurance Co. Name _____

Policy # _____

