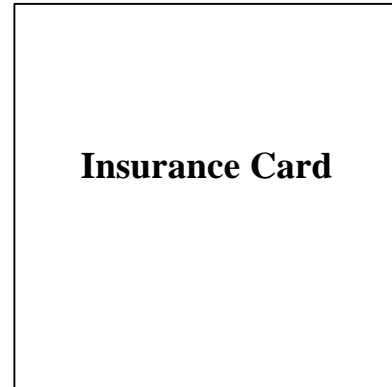


Medical Information

Student Name: _____

History For Parent to fill out if student is under 18:

- _____ Asthma
- _____ Diabetes
- _____ Epilepsy
- _____ Heart Defect/Disease
- _____ Hypoglycemia
- _____ History of Rheumatic Fever or Strep-throat
- _____ History of Mononucleosis
- _____ Other _____



Allergies

- _____ Food
- _____ Dairy
- _____ Wheat
- _____ Soy
- _____ Other _____
- _____ Bee / Wasp Stings
- _____ Medication
- _____ Penicillin
- _____ Acetaminophen
- _____ Other _____
- _____ Other _____

Last Tetanus Immunization: Date _____

If occasion arises, and if doctors advise, can he/she receive Tetanus Immunization? Y / N

Medications Currently Taking: _____

Special Instructions:

Insurance Information

(Please attach photo copy of insurance card)

Subscriber Name: _____ Relation to Student: _____

Insurance Company: _____

Address: _____

Type / Plan: _____ Effective Date: _____

Parental Release Form

In case of an emergency or illness, I hereby give permission to the physician selected by the Program Directors to hospitalize, secure proper treatment for, and/or order injection, antibiotics, blood transfusions, anesthesia or surgery for my child. I realize that I am responsible for payment for all expenses incurred. I also understand that I will be contacted A.S.A.P regarding/emergency, etc.

Signature: _____ Date: _____
(Parent/ Guardian)

Student Name: _____