



Medical Information Form

Student Name: _____

Parents/Guardians: _____

Emergency Phone # Day: _____

Night: _____

Please list any known health conditions of which we should be aware (use the back side of this form if necessary):

Allergies:

Medications:

Insurance Information: Insured: _____

Policy/Group #: _____

Insurance Copmany: _____

I, _____, give permission for emergency

medical treatment, as well as over the counter medication (Tylenol, advil etc.) be given to

_____ (student).

Parent/Guardian Signature: _____