



*Student's Name* \_\_\_\_\_

*Birthdate* \_\_\_\_\_

*Parent's Name* \_\_\_\_\_

*Phone #* \_\_\_\_\_

**Health Information:**

1. *Allergies* (natural or medicinal):

\_\_\_\_\_  
\_\_\_\_\_

2. *Medication:*

\_\_\_\_\_  
\_\_\_\_\_

3. *Medical conditions* (i.e. asthma, heart condition):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. *Muscular/skeletal conditions*(i.e. recent break):-

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Medical Contact:**

\_\_\_\_\_

**Insurance Company:**

\_\_\_\_\_

**Policy #:**

\_\_\_\_\_