Medical Form

Student's Full Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Legal Guardian: _____
Phone Numbers Home: _____
Work: _____
Cell: _____

Another Emergency Contact: _____
Relationship: _____ Phone: _____

Health History

Surgery within the past year: _____
Emotional problems (Hysteria, etc.): _____
Serious medical problems that could disrupt trip: _____
_____
Rheumatic Fever: _____
Diabetes: _____
Epilepsy: _____
Allergies: _____
Tetanus (Last Inoculation): _____
Any special medical problems in student history: _____
_____
*__ANY / ALL__ Medications currently being taken (Insulin, Antihistamines, etc.)
_____
_____
*CMS medication form must be stapled to this form if taking any medication on the trip. This includes ibuprofen and other non-prescription over the counter medications. One form per medication.

Allergic to medications: _____
Explain Specifics: _____

Is the student under medical treatment at present? _____
Explain: _____
_____
Family Physician: _____ Phone: _____

This is permission for treatment of student by physician at hospital for any medical or surgery emergency.
Parent/Legal Guardian Signature: _____
Date: _____