

MEDICAL FORM/AUTHORIZATION

Student's Name _____ Male/Female _____

Date of Birth _____

Date of last physical exam _____ Date of last tetanus booster _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Is your child under the care of an orthodontist? _____

Is there any medical condition of which we need to be aware?

Are there any dietary restrictions? _____

If you have medical insurance, please list the name of the company and your policy number:

Emergency Contacts:

Parent's Name(s): _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Person other than parents who can be contacted in case of emergency when parents are not available.

Phone Number: _____