

MEDICAL INFORMATION - January 1, 2012 - December 31, 2012

STUDENT NAME: _____ DOB: _____

Parent Names: _____

Home: (____) - ____ - ____ Dad/Mom Cell: (____) - ____ - ____ Dad/Mom Cell: (____) - ____ - ____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN):

Name: _____

Home: (____) - ____ - ____ Cell: (____) - ____ - ____

ANY SPECIAL HEALTH PROBLEMS OR ALLERGIES (FOOD OR MEDICINE):

ANY MEDICATIONS CURRENTLY TAKING:

ANY ACTIVITY RESTRICTIONS:

PHYSICIAN: _____

PHONE: (____) - ____ - ____

INSURANCE COMPANY NAME: _____

POLICY/GROUP/ID NUMBER(S): _____

SIGN IN FRONT OF NOTARY

Signature: _____ Date: ____ / ____ / ____

(Student OR parent/guardian if Student is a minor)

STATE OF TEXAS
COUNTY OF MIDLAND

On this _____ day of _____, 2012 personally appeared before me the above named: _____
who acknowledged the execution of the foregoing form and stated under oath that the information therein set out is true and correct to the best of his/her knowledge and belief.

Notary Public