

MEDICAL INFORMATION FORM

Students must have health/accident insurance to attend the competition.

All information must be completed in full. Please type or print clearly.

Name of Student:

Home Address:

In case of emergency, we must be able to contact Parent(s) or Emergency Contact. Please list a home, work and cell telephone number where you can be reached.

Father's Name:

Home:

Work:

Cell:

Mother's Name:

Home:

Work:

Cell:

Additional Emergency Contact Person Name:

Home:

Work:

Cell:

Relationship to Student:

Health/Accident Insurance Company:

Policy Holder Name:

Policy Number:

Name of Advisor accompanying student:

Known allergies (food, drugs, insects, etc.):

Special medical concerns or conditions we should know about (epilepsy, asthma, diabetes, old injuries to bones/joints, etc.):

Medications currently taking (dose and frequency):

Family Physician Name:

Telephone:

Address:

Date of last tetanus booster: