

MEDICAL INFORMATION FORM 2025- 2026

Please complete a separate form for each child you are registering. A new form must be completed for each child each year.

Student's Name _____ Grade _____

Parent/Legal Guardian _____ Phone _____

If we are unable to reach you in the case of an emergency, whom should we call?

Name _____ Relationship _____

Phone _____

Student's Physician _____ Physician's phone no. _____

List any allergies: _____

Health problems/other conditions: _____

Please print name: _____

Signature

Date