

# Student Medical Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Sex: **F** **M** Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Mother Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Father Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Emergency Contact (other than Parent/Guardian) Name: \_\_\_\_\_

Relation to the Student: \_\_\_\_\_ Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Plan Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Benefit Code: \_\_\_\_\_

Does the student have any special physical needs? **Y** **N** (If yes, please explain.)

Is the student allergic to any drugs? **Y** **N** If yes, please list: \_\_\_\_\_

Is the student allergic to bee stings? **Y** **N** If yes, can student take antihistamines? **Y** **N**

Is the student currently under medical treatment? **Y** **N** (If, yes, please explain.)

Please list all medications the student is currently taking. (including inhalers, etc.) \_\_\_\_\_

Please list any operations within the last year. \_\_\_\_\_

Emotional Problems (hyperventilation, hysteria, depression, etc.) \_\_\_\_\_

**"I hereby give permission for the above named student to be treated by a physician or licensed nurse at a hospital or on the scene in the event of a medical or surgical emergency."**

Signature of Parent/Legal Guardian

Date

Please make two copies: one to turn in at conference registration and one for school use.