

SAMPLE DOCUMENT

Medical Authorization and Health Form

Student Name _____ Date of Birth _____

SS # _____ Home Phone _____

Student Address _____

Emergency Contact Person's Name _____

Emergency Contact Person's Phone (Home) _____

(Work) _____

(Cell) _____

Describe the following: (Use back of page if necessary)

Operation (within last year) _____

Emotional Problems (i.e. hyperventilation, etc.) _____

Serious Health Problems: Rheumatic Fever ___ Diabetes ___ Epilepsy ___ Other _____

Allergies (including drugs) _____

Tetanus (Last injection) _____

Medication(s) currently being taken _____

Reason _____

Other medical or physical restrictions _____

Doctor _____ Phone _____

Insurance Company _____ Policy# _____

Parent or Legal Guardian Consent Statement

I grant permission for (Student) _____ to be treated and/or hospitalized by a licensed physician if an emergency situation arises. I accept all financial responsibility for treatment received.

Parent Signature _____ **Date** _____

Notary _____ **Date** _____

(MUST HAVE SEAL)