

In addition to this form, one "Family Information and Release Form" must be on file per family. Please print clearly.

Student Information

Provide the student's (not the parents) information below.

Name		Grade	
Nickname		Birthday	
School			
Home Phone #		Email	
Primary Address			
Secondary Address			

Medical Information

Please list all medical problems or allergies adult leaders should be aware of:

Over the counter medication such as Advil, cough medicine and Imodium, for example, may be given to your student as needed unless you specify otherwise.

_____ Do not give any over-the-counter medicines

_____ OK to give over-the-counter medicines

_____ OK to give over-the-counter medicines except for the following:

Does this student wear contact lenses? _____ Yes _____ No

Primary Care Physician

(only complete if information is different than what was provided on the "Family Information and Release Form".

Name			
Phone(s)		Fax	
Name of Practice			
Date of Last Tetanus Shot			

Insurance Information

(only complete if information is different than what was provided on the "Family Information and Release Form".

Medical Insurance Company		Phone	
Policy/Group ID#			
Policy Holder's Name			

Parental / Guardian Signature

The undersigned hereby affirm that a "Family Information and Release Form" was submitted and that all consents/releases affirmed on that form apply and adhere to this student.

Signature		Date	
Signature		Date	

[Parent(s) or Guardian(s)]