



Student Health Form 2021-2022

STUDENT INFORMATION

Last Name First Name Email Address City State Zip Code Date of Birth Age Grade Cell Number

PARENT/GUARDIAN INFORMATION

Preferred email address for class information

MOTHER Last Name First Name E-mail Home number Work number Cell number

FATHER Last Name First Name E-mail Home number Work number Cell number

Emergency Contact (relationship) Phone Number Emergency Contact (relationship) Phone Number

HEALTH INFORMATION The information you provide will be held in the strictest confidence. It will be kept on file.

Student's Physician's Name: Phone Number:

Allergies: Yes No If yes, describe allergy, severity of reaction, requested assistance and how allergies are managed.

Medical, Physical, or Emotional Conditions (including disabilities): If your child has any of the above conditions, please provide information to assist us in providing the best experience for your child.

Is the participant covered by health insurance? Yes No

Carrier or Plan Name: Group #: Phone #

Name of Insured: Relationship to participant:

AUTHORIZATION OF CONSENT

(I) (We), the undersigned parent(s)/guardian(s) of (print child's name), a minor, do hereby authorize any hospital for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and/or surgeon, or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable.

These authorizations shall remain effective until August 1, 2020, unless sooner revoked in writing and delivered to said agent(s).

Signature of Parent/Guardian of Minor Date