

HEALTH INFORMATION & MEDICAL RELEASE FORM

This information remains confidential.

Child's Name:	First:	MI:	Last:
Gender	M	F	Birth Date:

Insurance Information *(remains confidential)*

Insurance Co:	ID #:
Policy Holder Name:	Policy #:
	Group ID #:

Allergies (Environmental, Food, Drug) & Chronic Conditions

Medications your child is taking:

My child may take the following OTC: *Circle all that apply* Tylenol Ibuprofen Aspirin Other:

Immunization & TB Information

1. Immunizations Up To Date? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. Last TB Test Date: / /
2. Tetanus Shot Up To Date? <input type="checkbox"/> YES <input type="checkbox"/> NO	3a. TB Result Negative? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY MEDICAL TREATMENT RELEASE

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the attending physician.

Parent/Guardian Signature

Date

ALTERNATE CONTACT

In an emergency, if you are unable to reach the parent/guardian contact the following:

Name:	Relationship to child:
Home Phone:	Cell: