



"THE FORGE SOUND AND GUARD"

**MEDICAL INFORMATION FORM FOR SCHOOL YEAR -**

**PLEASE PRINT NEATLY OR COMPLETE ELECTRONICALLY**

Student Name:	Grade:	Age:
---------------	--------	------

**Health Problems**

*Please list any health problems that might be significant to a physician evaluating your child in an emergency.*

**Allergies**

*Please list any allergies to medications or other serious allergies.*

**Questions**

- Has student been prescribed an inhaler or EpiPen?  Yes  No  
If so, what type and for what illness?
- Is student presently taking other medication?  Yes  No  
If so, what type?
- Does Student wear contact lenses?  Yes  No
- Date of last Tetanus shot:

**Emergency Authorization**

*In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the Director and Staff of Colonial Fore High School, to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for the person named above.*

*Note: Medical Information Form may be reproduced to travel with respective teams and is acceptable for emergency treatment needed.*

Relationship to Student	Daytime Phone Number	Evening Phone Number
Parent Name	Signature	Date
I certify the above information is correct	Parent Signature	