



**PLEASE BRING WITH YOU TO REGISTRATION AND DO NOT MAIL!!!**

**The following has been used for this purpose as optional to have notarized.**

**If you have a medical form from your school, that will be sufficient.**

**Please keep the medical forms with you at all times.**

# MEDICAL FORM

NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_

TEAM NAME \_\_\_\_\_ TRIP DESTINATION(S) \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ / \_\_\_\_\_ ALT. # \_\_\_\_\_ / \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ / \_\_\_\_\_ PARENTS CELL PHONE \_\_\_\_\_ / \_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE ALLERGIC TO \_\_\_\_\_  
\_\_\_\_\_

LIST ANY SPECIAL MEDICAL PROBLEMS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_ / \_\_\_\_\_

OTHER PERSONS TO NOTIFY IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ / \_\_\_\_\_

I hereby give my permission for any emergency medical treatment needed for my child, if I am unable to be contacted.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_