



MEDICAL INFORMATION

Name

We request the following Medical information to insure the safety of our students.
It will remain confidential.

Please list any known allergies to food, medications, insects, pollen etc.

Are any medical conditions present that we should be aware of?

Is your child currently under medical treatment or taking medication that we should be aware of?

Please explain:

PLEASE PROVIDE AN EMERGENCY CONTACT

Name

Phone Number

Relationship