

Medical Information

Student Name: _____

Please list any medical diagnoses/conditions: _____

Will any of these conditions limit, impair and/or prohibit her from participating in a full range of physical activities? If yes, please describe: _____

Date of Last Physical : _____

Your daughter must have a physical within 30 days prior to admission. Please bring a copy of the last physical, including immunization records, with you on admission day.

Does the student have any allergies?

Foods: yes no Please list (reaction?): _____

Medications: yes no Please list (reaction?): _____

Environment: yes no Please list (reaction?): _____

List medications and dosage: _____

Medical Insurance Information

(please also provide a photocopy of the insurance card)

Insurance Company: _____ Phone: _____

Address: _____

Policy Holder: _____ Policy Holder's SS#: ____-____-____

Employer: _____ Phone number: _____

Policy #: _____ Group #: _____

Dental Insurance

Insurance Company: _____ Phone: _____

Address: _____

Policy Holder: _____ Policy Holder's SS#: ____-____-____

Employer: _____ Phone number: _____

