

Student Medical Information Form

Student Name _____ Birth date _____ Grade _____ Blood Type _____

Address _____

(Box or Street Number and Name)

(City)

(State)

(Zip Code)

Student's SSN _____ - _____ - _____ Passport # for International Student _____

Parent of Guardian Name (s): _____

Father's work & home phone/pager/cellular number: _____

Mother's work & home phone/pager/cellular number: _____

Name of Emergency contact (other than parent or guardian) _____

Home Telephone _____

Work Telephone _____

Name of Emergency contact (other than parent or guardian) _____

Home Telephone _____

Work Telephone _____

Student's allergies (drug, food or environmental) _____

Past medical history (medical problems, injuries, surgeries) _____

Current prescription medications: _____

Physician's Name _____ Telephone number _____

Authorization for Medical Treatment

Student's Name _____

In the event of an illness or accident, I hereby authorize Markoma Christian School to act on my behalf for the student named above in the securing of medical, surgical and/or dental treatment. In the event of an emergency, I hereby give permission to the physician selected by Markoma Christian School to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the student named above. In the event of an emergency, every effort will be made by Markoma Christian School to contact the parent(s) or guardian as soon as possible. I certify that I am the parent/guardian of have the legal ability to sign these authorizations on behalf of the student named above. I understand I am responsible for all expenses that the insurance company does not pay.

Parent or Guardian Signature _____ Date _____

Do you have health insurance? Yes ____ No ____ If yes; please provide a photocopy of your health insurance card.

Name of Health Insurance Company _____

Address of Health Insurance Company _____

Telephone _____ Policy Number _____ Group Number _____