

MEDICAL INFORMATION

Does your child have any medical problems? Yes or No. If yes, please explain: _____

Does your child have any known allergies? Yes or No. If yes, please explain: _____

Does your child take any medication? Yes or No. If yes, please explain: _____

Does your child have any physical restrictions? Yes or No. If yes, please explain: _____

In case of accidents or serious illness, I request the school to transport my child to "The Valley Hospital"

Unless otherwise specified, if I am unavailable.

Physician's Name: _____

Telephone Number: _____

Signature of Parent/Guardian

Print Name

Date

Telephone Number: (CELL) _____ (HOME) _____

Child's Name Printed _____