

Liahona

STUDENT MEDICAL FORM

(One form per student - Please make additional copies as needed)

DATE: _____

STUDENT INFORMATION:

Student Name (First, Middle, Last): _____

Address: _____

Age: _____ Date of Birth: _____ Street _____ City _____ State _____ Zipcode _____
Male/Female _____ Phone: () _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian Full Name: _____
Address: _____

Street _____ City _____ State _____ Zipcode _____
Home Phone:() _____ Work / Cell Phone:() _____

Mother/Guardian Full Name: _____
Address: _____

Street _____ City _____ State _____ Zipcode _____
Home Phone:() _____ Work /Cell Phone:() _____

Person who may be called in case of illness or emergency if parent/guardian cannot be reached:

Name Relationship Phone #

EMERGENCY INFORMATION: In case of accident or problem:

Student's Dentist: _____
Name Address Phone

Student's Physician: _____
Name Address Phone

_____ Yes, we have insurance.

Name of Insurance: _____

Group Number: _____

Client Number: _____

_____ No, we do not have insurance but will be responsible for any emergency charges. Please initial: _____

MEDICAL HISTORY:

Diabetes, seizures, allergies, mental or emotional disturbances, etc? Yes / No

(If yes, please attach explanation on separate paper to the Registration form.)

Child is on prescription medication which needs to be administered at school? Yes / No

What kind? _____ Who will administer? _____

Child has permission to take over-the-counter medications? (Aspirin, Tylenol, Allergy, Cold, etc.) Yes / No

In case of serious emergency or illness, when the parents cannot be reached immediately, I hereby authorize Liahona to obtain emergency medical care - i.e., physician, dentist, paramedic or other authorized emergency agents, and hereby release Liahona from any resulting liability.

Signature of Parent or Guardian

Date