

Team _____

MEDICAL HISTORY AND AUTHORIZATION

Student's Name _____ Sex _____ S.S. # _____

Address _____

Home Phone Number _____ Cell Number(s) _____

Parents/Guardians _____

Place(s) of Employment _____

Work Number(s) _____ Cell Phone: _____

Other EMG Contact _____ EMG PH _____ EMG Cell PH _____

HEALTH INSURANCE [Please attach a copy (front & back) of a current insurance card. Forms without proper insurance information copied and attached will be returned for completion.]

Carrier Name and Address _____

Group Number _____ Subscriber Number _____

PHYSICIAN INFORMATION

Name _____ Phone Number _____

ALLERGIES: (Please list any food, medication, or other allergies and type of reaction.)

Allergy	Reaction	Allergy	Reaction
1.		3.	
2.		4.	

PREVIOUS ILLNESSES, SURGERIES, OR HOSPITALIZATIONS (Chicken Pox, Measles, ADHD, Diabetes, High Blood Pressure, Extended Illness, etc)

Illness/Surgery/Hospital	Date	Illness/Surgery/Hospital	Date

PARENT AUTHORIZATION

I hereby give my permission to Rawlinson Road Middle School teachers or administrators to dispense the indicated over-the-counter medications and any prescription medications that I have appropriately provided. Prescription medication is to be brought to the school by the parent in a container with a pharmacy label. Only provide quantity necessary for days on trip. O-T-C medication listed on the permission form will be provided by the school. Parent will need to provide any other OTC medication.

In case of an emergency and a parent cannot be reached by phone, I authorize Rawlinson Road Middle School teachers or administrators to obtain medical treatment for my child. Hospital medical staff is authorized to make examinations and to render medical and surgical treatment deemed necessary for my child's health and welfare. I also authorize release of treatment information to the proper insurance company for payment purposes.

Parents/Guardian Signature _____ Date _____