



Medical Information Form

Student Name: _____

Please list ALL allergies if applicable: _____

Please list all food allergies: _____

Please list all medications: _____

Please list all medical conditions: _____

Physician Information:

Name: _____

Address: _____

Telephone: _____

Hospital Preference: _____

If in the event parents/guardians cannot be reached, list at least 3 contacts to pick up your child in the event of an emergency.

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____ give Palmetto Youth Academy permission to seek medical help for my child in the event of an emergency.

Signature of Parent/Guardian

Date