

STUDENT INFORMATION SHEET

Date: _____

Name: _____

Sex: M F Age: _____

Address: _____

Phone number: _____

Parent/Guardian names: _____

Mother work #: _____

Father work #: _____

Contact in case of an emergency: _____

Emergency phone #: _____ Relationship: _____

HEALTH HISTORY- Circle any or all that apply and explain below.

Heart

Breathing problems

Bleeding

Asthma

Thyroid problems

Gastrointestinal

Diabetic

Allergies

Urinary

Other

Medical Conditions Explained: _____

Allergic to: _____

Medications taking: _____

Physician's name and phone #: _____

Physical Limitations Explained: _____

I hereby authorize the owner/manager of Circle K Horse Pavilion to render basic first aid to (Student name) _____ I also give my permission for the owner/manager to give Tylenol or Advil for headaches only if needed.

Signature: _____