

**Rushford-Peterson High School District #239**

**Medical Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Telephone number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Telephone number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_  
(Cell) \_\_\_\_\_

In case of an emergency and parents can't be reached, call \_\_\_\_\_

Telephone number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Allergic to any Medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ (Telephone) \_\_\_\_\_

Medical Facility: \_\_\_\_\_ (Telephone) \_\_\_\_\_

Our family Health Insurance Company is: \_\_\_\_\_

Policy/Account Number: \_\_\_\_\_

I do not know of any existing physical or additional health reason that would preclude my child from participating in any sport or school activity. I certify that the answers above are true and accurate. I give my consent for school authorities to take appropriate action for the safety and welfare of my child. In case of an emergency, I give my permission for my child to be treated.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_