



LAKE HOWELL HIGH SCHOOL
SILVER REGIMENT

MEDICAL FORM
2005 - 2006

STUDENT'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

HOME PHONE #: _____

EMERGENCY PHONE #: _____

PARENT'S NAME: _____

WORK PHONE #: _____

CELLULAR #: _____ PAGER #: _____

Email Address: _____

Does the student have any medical condition? _____

If so, what? _____

Does the student take any medication? _____

If so, what kind? (NAME) _____

Is the student allergic to any medication? _____

Is the student allergic to any foods? _____

Is there any environmental allergy? _____

Is there anything else we should be aware of that may cause concern while the student is performing? _____

Parent Signature

Date