

STUDENT INFORMATION SHEET

Date: _____

Name: _____ Sex: ___M___F Age: _____

Address: _____

Phone Number: _____

Parent/Guardian name(s): _____

Mother work number: _____

Father work number: _____

Emergency contact (other than parent/guardian): _____

Emergency phone number: _____ Relationship: _____

HEALTH HISTORY – Circle any or all that apply and explain below

Heart

Asthma

Diabetic

Other

Breathing problems

Thyroid problems

Allergies

Bleeding

Gastrointestinal

Urinary

Medical Conditions Explained: _____

Allergic to: _____

Medications taking: _____

Physician's name and phone number: _____

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: _____