

Medical Data

Student: _____ Date of Birth: _____

Physician: _____ Physician
Telephone: _____

Physician's Address: _____

Allergies: _____

Medications: _____

Dosage _____ Frequency: _____ Time: _____

Date of Last Tetanus Shot: _____

May take aspirin: Yes _____ No _____

Any special concerns / restrictions: _____

Any special dietary needs / restrictions: _____

Vegetarian: Yes _____ No _____

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Signed: _____ Date: _____
(Parent/ Guardian) (Printed Name)

Home Address: _____ Home Telephone: _____
Emergency Telephone: _____

In the event of a medical emergency involving my child, for which I cannot be easily or readily reached, I give my permission **during the June 29th – July 7, 2010 trip to Germany and Italy** for any **emergency** medical, dental and/or surgical treatment and/or hospitalization deemed necessary by the attending physician that can be secured. I understand that **every reasonable effort** will be made to contact me first.

(Parent/Guardian Signature) (Printed Name) Date: _____