

Hanger Hall Medical Form

General Information

Name:

Date of Birth:

-

Emergency Contact:

Relationship:

Home: ()

Work: ()

Cell: ()

If the above person is unavailable, please notify:

Relationship:

Home: ()

Work: ()

Cell: ()

Medical Insurance Information

Company Name:

Policy Number:

Contact Phone Number (if applicable):

Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.). _ **NONE**

Allergy	Reaction	Medication Required

Medical History

Please list all prescription, over-the-counter, and natural medications your daughter is taking.

Medication Name	Dosage	Frequency	Side Effects	Reason for taking

Recent illness?

Accidents, operations, hospitalizations?

Does your daughter have asthma? _ Yes _ No ***If yes, please list any medications above.***

Does your daughter have diabetes? _ Yes _ No ***If yes, please list any medications above.***

Does your daughter have a history of high blood pressure? _ Yes _ No

Does your daughter have any bone, joint, or muscle problems? _ Yes _ No ***If yes, please explain on a separate sheet.***

Has your daughter ever had a seizure? _ Yes _ No ***If yes, please explain on a separate sheet.***

Does your daughter have any other medical issues that we should know about? _ Yes _ No ***If yes, please explain on a separate sheet:***

Physical Examination

Date of most recent physical:

Physician's name:

Address:

Phone Number:

Please notify Hanger Hall immediately if any information on this form changes.

Parent Signature (required): _____

Date: _____