

ACE Summer Medical Form 2018

Please complete all of the following information and bring this to the first day of the summer program (please print)

Authorization

I give permission for _____ to be treated by appropriate medical personnel
(Please print student's first and last names)
in the event of an illness or injury.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date: _____

Emergency Contact Information

Parent/Legal Guardian Telephone Numbers (Day) _____ (Evening) _____

Other Emergency Contact

Name _____ Relationship to Student _____

Phone _____

Student's Physician/Healthcare Provider _____ Telephone _____

Insurance Information

Name of Insurance Company _____

Policy Subscriber _____ Policy # _____

Student Information

Student's Full Name _____
Last First Middle

Date of birth _____ Age _____ School _____

Home Address: _____
Street City/Town Zip code

Student's Medical History

Please list current or recurring medical issues that may require the attention of the LPP staff, such as, but not limited to:
allergies, anxiety, asthma, diabetes, hearing or visual impairment, epilepsy.

Three horizontal lines for listing medical history.

Please list any allergies: environmental or food _____

Please list any emergency medicines required (i.e. epipen) _____