

Medical/Health Information

Please list any previous or current conditions or injuries (be specific as to which body part is affected).

Physical Information

Bones & Joints: _____

Muscles: _____

Organs: _____

Weight Problems: _____

Chronic Ailments

Asthma or Other Respiratory Problems: _____ Diabetes: _____

Hypoglycemia: _____ Epilepsy: _____

Hemophilia or Bleeding Problems: _____

Other: _____

Allergies

Insect Bites: _____ Foods: _____

Other: _____

Medications regularly taken: _____

Other medical or physical information: _____

Are child's immunizations current? _____

Date of last Tetanus shot: _____

Parent Signature: _____ Date _____