

Leadership Geauga County Emergency Medical Form

Name: _____ Telephone #: _____ Date of Birth: _____

Address: _____

City, ST, ZIP: _____

Allergies (including food, plant, animal, reactions to medication, etc.): _____

May Tylenol (acetaminophen) be given? _____ Advil (Ibuprofen)? _____ Aspirin? _____

Medications currently being taken: _____

Any other medical conditions or information not listed above we should be aware of: _____

Local physician's name: _____ Telephone #: _____

Physician's office address: _____

City, ST, ZIP: _____

Local dentist's name: _____ Telephone #: _____

Dentist's office address: _____

City, ST, ZIP: _____

Insurance company: _____ Group #: _____ Policy #: _____

Under the name of: _____ Relationship: _____

Preferred hospital: _____ Date of last tetanus shot: _____

Where parents can be reached if not at home:

Father Work: _____ Mother Work: _____

Father Cell: _____ Mother Cell: _____

Father Pager: _____ Mother Pager: _____

Nearest Relative or Neighbor to contact if parents unreachable: _____

Student Signature

Parent Signature

Printed Name

Printed Name

Date

Date