

Peninsula Academy for Godly Education
Homeschool Co-op Classes
September 12, 2008 - May 15, 2009

Medical Information and Release

Student Name _____ Birth date ___/___/___

Address _____ City _____ Zip _____

Parent's Names: Mother _____

Father _____

Home Phone _____ Work Phone _____

Emergency Phone _____

Is student currently taking any medications: Yes No

If yes, what kind? _____

Is student allergic to any medications? Yes No

If yes, please list: _____

Does student have any medical condition that teachers need to be aware of? Yes No

If yes, please list: _____

Physicians Name: _____ Phone: _____

Physicians Address: _____ City: _____

Insurance Company: _____ Policy #: _____

Insured's Names: _____ Group #: _____

Responsible Party: _____

In case of an emergency, I give permission for my child to receive medical treatment if I cannot be reached.

Parent's signature _____ Date: _____