



FRIENDS SUMMER PROGRAMS

Health Form

This form must be completed each year and returned by **June 15**. Please attach PERMISSION TO ADMINISTER MEDICATION form. Parents are advised to keep a copy of the completed form for their own records.

To be completed by parent(s) or guardian. PLEASE PRINT.

Child's name: _____ Date of Birth: _____ Sex _____

Student resides with: _____

Parent name: _____ Parent name: _____

Address: _____ Address: (if different) _____

Phone # (Home) _____ Phone # (Home) _____

Phone # (Work) _____ Phone # (Work) _____

Phone # (Cell) _____ Phone # (Cell) _____

List two responsible adults, preferably in the area, to be reached in case of emergency if parent or guardian is unavailable.
(RELATIONSHIP)

Name: _____ () Phone # (H/W/C) _____

Name: _____ () Phone # (H/W/C) _____

HEALTH INSURANCE:

Name of insurance company: _____ Phone: _____

Policy # _____ I.D.# and/or Group # _____

Student's social security number: _____ Policy Holder's Name: _____

STUDENT PROFILE (Use space to explain)

1.) Any known allergies (include reaction to insect bites) Yes _____ No _____

If yes, list allergy and type of reaction _____

2.) Medications which student currently takes on a regular or "as-needed" basis, both at home, _____

3.) Pertinent medical histories (e.g. asthma, diabetes, seizures, etc.) _____

4.) Significant injury/illness since completion of last year's form (e.g. chicken pox, broken bones, mono, etc.) _____

5.) Date of last physical exam _____ Date of last tetanus shot _____

6.) Student's Primary Care Physician Name: _____ Phone: _____

7.) Student's Dentist Name: _____ Phone: _____

8.) Other Medical Care Provider: _____ Phone: _____

AUTHORIZATION FOR TREATMENT: In the event I cannot be reached, I authorize that medical and/or surgical treatment be secured as may be deemed necessary or advisable for my child. I also authorize release of medical information to insurance companies for the purpose of payment and to health care providers who may treat my child.

Signature (parent or guardian) _____ Date _____

By June 15 Return to: Friends Summer Programs, 1 Mackworth Island, Falmouth, ME 04105