



Grace Lutheran School
Medical Information Form
School Year 2009-2010

Student's Last Name First Middle

Street City State Zip

Home Telephone # Date of Birth Gender M F

Grade in Fall 2009: Kindergarten 1 2 3 4 5 6 7 8

Father's Name Mother's Name

Email Address Email Address

Best Phone # Alternate Phone # Best Phone # Alternate Phone #

ADDITIONAL PERSONS TO BE CALLED IN AN EMERGENCY (if parents cannot be contacted)

Emergency Contact Name #1 Emergency Contact Name #2

Email Address Email Address

Best Phone # Alternate Phone # Best Phone # Alternate Phone #

PHYSICIAN/DENTIST INFORMATION

Physician Name

Dentist Name

Phone #

Phone #

INSURANCE INFORMATION

Does your child have health insurance? _____ No _____ Yes (complete information below)

Insurance Company

Employer

Policy Number

Group Number

Name of Primary Owner of Policy

Relation to Child

Pre-Authorization Telephone #

MEDICAL INFORMATION

Known Allergies _____

Chronic Medical Conditions _____

Current Medications _____

Other Conditions or Restrictions _____

Parent Signature

Date