

FREEMAN ACADEMY

Student's Name: _____

Address: _____

Phone Number: _____

Birthdate: _____

Parents'/Legal Guardians' Names: _____

Address: _____

Phone Number to call in the event of an emergency: _____

Medical Insurance Company: _____

Medical Insurance Company Phone Number: _____

Policy Holder's Name: _____

Policy Number: _____

MEDICAL INFORMATION

Family Doctor & Phone Number:

Date of Last Tetanus Shot: _____

Allergies to any medication (List food allergies below, not here; thank you):

Any Major Medical Problems (i.e. heart, blood pressure, diabetes, asthma):

Medications Taken on a Daily Basis:

Food Allergies:

Any other allergies:
