



Hadi School of Excellence

Student Medical Information

Child's Name: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Family Physician's Name: _____

Office Phone: _____ Emergency Contact Phone: _____

1.) Is your child under medical care? Yes No

2.) Is your child taking any medication? Yes No
If so, what kind? For What?

3.) When was your child's last physical exam?

4.) Does your child have any heart problems, breathing problems, allergies, or other medical/physical problems our instructors should be aware of? Please explain:

5.) Date of the last Tetanus booster:

6.) Surgical Operations/year:

7.) Injuries or Accidents:

8. In Case of Emergency Contact (if you cannot be reached):

1st Choice Phone: _____ 2nd Choice Phone: _____

As parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature of Parent/Legal Guardian

Date