



Association of Village PRIDE, Inc. (AVPRIDE)

STUDENT MEDICAL FORM

This form acts as the "permission slip" for each participant. This form is required for all field trips and active participation in the LIT Program and must be on file in order for a student to participate.

Student Information

Name: _____ Date of Birth _____ Age _____

Parent/Guardian: _____

Address: _____

Phone #: _____ Parent/Guardian Phone: _____

Medical Information

This activity may involve strenuous exercise. As the student's guardian, do you feel that he/she can participate in the scheduled activities? _____yes _____no

Have there been any recent health problems? If yes, please explain.

Allergies _____

Medications _____

Physician's Name: _____

Address & Phone of Practice: _____

Medical Release in case of emergency

Emergency Contact Name: _____ Relationship _____

Address: _____

Phone: _____

Emergency Contact Name: _____ Relationship _____

Address: _____

Phone: _____

I will be contacted in the event of a medical emergency. In the event that I cannot be reached, I hereby authorize Association of Village PRIDE, Inc. or their appointed representative to sign for medical care. If I have any reservations to medical attention administered to my child, I will list them here.

Parent/Guardian Signature

Date

Health Insurance

Health Insurance Carrier: _____

Insurance Policy Number: _____

Carrier's Phone Number: _____