

Swedish School of Tampa Bay
MEDICAL INFORMATION FORM 2007-2008
(One form per student)

This is a mandatory form. Please complete the form to enroll in the class.
Students cannot attend classes until this form is completed and signed.

Student's name: _____

Parent's/Guardian's name: _____

Address: _____

Telephone number of parent/guardian: _____

Emergency contact: _____

Medical Insurance carrier: _____

Insurance Policy Number: _____

Physician: _____

Physician's telephone number: _____

Special conditions or medications that may be important in an emergency: _____

In the event the above named minor should need medical attention while attending class at Swedish School of Tampa Bay, I realize that every attempt will be made to contact me. If all reasonable steps to contact me are unsuccessful, I hereby authorize the Swedish School of Tampa Bay and its agents and employees to secure appropriate care as needed.

Parent/Guardian Signature: _____

Date: _____