

HEALTH INFORMATION FORM

The NC Jazz Region Central HS Clinic is at Middle Creek High School in Apex February 13-14. Please fill out this form with the pertinent information regarding the medical status of your child.

Student
Name _____

Parent/Guardian
Name _____

Home Phone
Number _____

Cell or Pager
Number _____

Emergency Contact
Person _____

Medications the student is
taking _____

Allergies _____

Specific Health
Concerns/considerations _____

Insurance
Company _____

Policy
Number _____

Authorization for Treatment

I, _____ (parent/guardian) of _____
(student) hereby authorize any necessary medical treatment needed in my absence. The undersigned will be responsible for any charges incurred for medical treatment under this authorization.

Parent/Guardian
Signature _____