



Medical Information

Please complete this form for each student attending class at The Learning Zoo.

Personal Information

Student name

Nickname

Home address

Home phone

Parent cell phone number

Parent email address

Birthday (MM/DD/YYYY)

Emergency and Medical Information

In case of emergency, first contact

Emergency contact's address

Emergency contact's phone

In case of emergency, second contact

Emergency contact's address

Emergency contact's phone

Primary Doctor's name

Primary Doctor's phone number

Medical insurance carrier and member number

Known medical conditions

Known allergies

Current medications

Anything else we need to know?

I authorize medical treatment for my son/daughter in case of a medical emergency.

Parent or Guardian

Date

Child's Name

Parent contact Numbers _____