Nature-Based Ongoing Group **MEDICAL INFORMATION CARD**

PLEASE FILL IN ALL AREAS (BOTH SIDES), SIGN, AND RETURN TO MARCY REYNOLDS

Keep this information current and call Marcy immediately to report any changes. **PLEASE PRINT**

Student Name: Last	First	Birth Date:

HEALTH INSURANCE	Circle One	Subscriber:	Policy/Plan/Med#:
PROVIDER:	HMO PPO	Relationship:	Group/ID/Account:
	EPO MC	Other:	Other:

Name of Physician	Address	Phone
Name of Dentist	Address	Phone

Medical Information

Please darken the appropriate circles below. List any details or explanations in the comments section at the bottom of the form. Please notify JT or Marcy if your child's health status changes or s/he receives new immunizations.

Allergies - Mild to Moderate
- O Bees/Insects
- O Foods
- O Medications
- O Pollen/Dust/Hay Fever

Allergies - Several/Life Threatening
- O Epi Pen prescribed by MD for School
- O Bees/Insects
- O Foods ______________________
- O Medications ________________
- O Other ________________

Asthma
- O Mild to Moderate
- O Severe - Medication at School

ADD/ADHD
- O No medication
- O On Medication ____________

Other
- O Birth Defect
- O Blood/Blood Products not to be given
- O Cancer - Yr. ____ Type _______
- O Cerebral Palsy
- O Cystic Fibrosis
- O Eating Disorder
- O Arthritis
- O Endocrine Disorder
- O Epilepsy/Seizures
- O Growth Disorder
- O Hearing Loss
- O Hearing Aid Used
- O Heart Disease/Disorder
- O Hemophilia
- O Kidney Disease
- O Diabetes
- O Genetic Disorder
- O Sickle Cell Anemia
- O Skin Condition
- O Speech Problem
- O Tuberculosis - Yr. ____
- O Mobility Limitations
- O Muscular Dystrophy
- O Other - Explain below

Scoliosis
- O No brace
- O Brace

Medications
- O At home
- O At school ___________

Vision Problem
- O Wears glasses/contacts
- O Visually handicapped
- O Blind
- O Color Blind

Comments related to above medical information:

Current Medication:	Last Tetanus Date:

Is there any reason why this student should not participate in the regular physical education program? Yes __ No __
If "Yes" please state reason:

Signature of Parent/Guardian

Date