

Medical Information Form and Authorization for Medical Care

I. *Basic Personal Information* (please print)

Today's Date: ____/____/____

Child's Name: _____

Age: _____

Local Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone Number: _____ **Work Phone Number:** _____

Home Phone Number: _____

Height: _____ **Weight:** _____

