

HEBRON UNITED PRESBYTERIAN CHURCH  
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PITTSBURGH, PA 15235-2998  
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DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_  
MONTH DATE YEAR

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ALLERGIC REACTION TO MEDICATION \_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

OTHER RESTRICTIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ HAY FEVER \_\_\_\_\_ INSECT STINGS \_\_\_\_\_ ASTHMA \_\_\_\_\_

LAST TETANUS SHOT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MUST BE WITHIN TEN YEARS)

FAMILY PHYSICIAN \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PARENT'S PLACE OF WORK \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
EMAIL NO. \_\_\_\_\_

IN CASE YOU CANNOT BE REACHED, WHO CAN WE CALL?

(1) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

(2) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_

POLICY NO. \_\_\_\_\_

THE STUDENT IS UNDER THE CARE OF A PHYSICIAN FOR THE FOLLOWING CONDITIONS

\_\_\_\_\_  
\_\_\_\_\_

CURRENT TREATMENT \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST NAMES, DOSAGE, TIMES OF ADMINISTERING & REASONS FOR TAKING ANY  
MEDICATION PRESCRIBED BY A PHYSICIAN.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_