

Information & Medical Release

FOR THE ACADEMIC SCHOOL YEAR 2018–2019



| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| STUDENT'S LAST NAME | FIRST NAME | MIDDLE NAME |

| | | | | |
|----------------------|----------------------|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="text"/> |
| GRADE | BIRTH DATE | AGE | | HOME PHONE |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HOME STREET ADDRESS | CITY | STATE | ZIP CODE |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| FATHER'S NAME | MOTHER'S NAME |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| FATHER'S WORK NUMBER | MOTHER'S WORK NUMBER |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| FATHER'S CELL NUMBER | MOTHER'S CELL NUMBER |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| PHYSICIAN'S NAME | PHYSICIAN'S NUMBER |

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|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| DENTIST'S NAME | DENTIST'S NUMBER |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| INSURANCE COMPANY | INSURANCE NUMBER |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| POLICY HOLDER | POLICY NUMBER |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| MEMBER I.D. | GROUP NUMBER |

(Continued)

