



Except for signature, *please* print. Thank you!

Date of Birth: _____ / _____ / _____
month day year

Date of last Tetanus Booster: _____ / _____ / _____
month day year

Any other medical problems which should be noted:

Family Physician: _____ Phone: (_____) _____

Name of Parent / Guardian: _____

Address: _____

City, State, Zip: _____

Phone: _____ Work: _____

Person responsible for charges (if different from above): _____

Address: _____

City, State, Zip: _____

Phone: _____ Work: _____

Person to notify if Parent / Guardian is unavailable: _____

Phone: _____ Work: _____

Insurance Carrier: _____ Policy Number: _____

Signature of Parent or Guardian

State of Indiana)
) SS:
County of)

Before me, a Notary Public in and for said County and State, personally appeared who executed or acknowledged the execution of the foregoing, and who, having been duly sworn, stated that the representations therein contained are true.

Subscribed and sworn before me this _____ day of _____, _____

Notary Public

Commission Expires: _____

County of Residence: _____