



Medical Information Form

Date: _____

Student's Name: _____ DOB: _____

Name of Parent or Legal Guardian: _____

Address: _____
Street City State Zip

Home Phone: _____

Dad's Work Phone: _____ Dad's Cell Phone: _____

Mom's Work Phone: _____ Mom's Cell Phone: _____

Other Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical Insurance for Child: _____ Policy #: _____

Please list current medications for student: _____

Please list any medical needs or issues for student: _____

Consent for Emergency Medical Treatment and Transportation

I (Parent OR Guardian) give my consent to Global Heritage Educational Enterprise LLC, dba The Dojo American Karate Centers, its officers, agents, employees, individuals associated with the organization or any emergency medical personnel to administer necessary treatment to my child named above in the event of an emergency and authorize transportation for my child by ambulance if situation warrants.

X _____ (initials)

Signature (Parent or Guardian, if under 18 yrs. of age)

Date