

_____ Name

_____ Date of Birth

Minco FBC Student Health History

Medical Release Information

Allergies: (Food, Insect, Seasonal, Environmental or Medications)

Does the student take medications regularly? If so, please list:

Medication	Dosage	How often (Example: once daily)	Reason for taking

Please list any medication conditions that would be helpful to know:

Date of Last Tetanus _____

Immunizations Current? Yes _____ No _____

Medical Insurance _____

Policy # _____

Over-the-Counter Medications (choose one to sign)

I **DO** authorize Minco FBC Sponsors / staff to assess and provide treatment for health-related problems, minor illnesses/injuries. This may include, but not limited to over-the-counter medications such as: Tylenol, Ibuprofen/Advil, Antacids (Tums), Antihistamines (Claritin) etc.

Signature of guardian (consent for treatment)

Date

I **DO NOT** authorize Minco FBC Sponsors / staff to assess and provide treatment for health-related problems, minor illnesses/injuries. This may include, but not limited to over-the-counter medications such as: Tylenol, Ibuprofen/Advil, Antacids (Tums), Antihistamines (Claritin) etc.

Signature of guardian (refusal of treatment)

Date

Wavier and Release of Liability

