

MEDICAL RECORD

NAME OF STUDENT _____

Please state if you have any special medical condition that we or a Doctor should know about in case of an emergency.

Do you have any special allergies? _____

Do you wear contact lenses? _____ What type? _____

Is there any condition that will prevent this student from engaging in strenuous physical activities such as aerobics? _____

Do you have a Doctor in Columbus that you would want notified in case of an emergency?

Name of Doctor _____

Address _____

Telephone Number _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name _____ Telephone Number _____

Address _____