



**Center for American Archeology
Student Medical Form**

Name: _____ Date of Birth: _____

Address: _____ Year in School: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Name of Parent/Guardian: _____

Father's Place of Business: _____

Office Phone: _____

Cell Phone: _____

Mother's Place of Business: _____

Office Phone: _____

Cell Phone: _____

In the event of an emergency & a parent cannot be reached, who should be contacted?

Name: _____

Phone: _____

Student Information:

1) Does this student have any physical disability that we should know about? Yes No
Specify: _____

2) Does he/she have any allergies?

Food: Yes No Specify: _____

Pollen: Yes No Specify: _____

Meds: Yes No Specify: _____

Insects: Yes No Specify: _____

2a) If student is allergic to bee, wasp, or hornet stings, does he/she carry an EpiPen? Yes No

2b) Please specify other allergies below:

3) Is this student a vegetarian? Yes No

Can he/she eat milk or egg products? Yes No

Does he/she have any other food restrictions? Yes No

Specify: _____

If your child has significant food restrictions, it is important that you indicate what he/she will be able to eat for each meal while in residence. We must plan ahead for special needs—there is no grocery store