



EDUCATION • CHARACTER • LEADERSHIP

PINE CREST
FORT LAUDERDALE
SUMMER PROGRAMS

MANDATORY HEALTH FORM

This page to be completed by parent or guardian

Please help us care for you child properly. Carefully list any background information concerning your child's personality, medical problems, surgical background, allergies, medication being taken at home or on campus. We do NOT require a physical exam, so please be as complete as possible. This information will be filed with the Nurse. Use a ball point pen and please print.

NAME _____

- Please list any medical conditions or concerns that we should be made aware of (recent surgeries, allergies, etc.) _____
- List any allergies, diagnosis, or emergency precautions that we should anticipate for this individual (allergy triggers, diabetic reactions, etc.). _____
- No over-the-counter remedies or medications will be administered during Swim Lessons.
- List all medications that are currently prescribed for this individual. Include inhalers, EpiPens, etc.

LOCAL EMERGENCY PHONE NUMBERS Numbers will be dialed in the order below:

Parent/Guardian	Home	Work	Cell
Parent/Guardian	Home	Work	Cell
Other (state relationship)	Home	Work	Cell
Other (state relationship)	Home	Work	Cell

PERSONAL PHYSICIAN AND DENTIST

Name of Physician	Office Phone
Name of Dentist	Office Phone
Name of Insurance Carrier	Policy Number

- If I can not be reached, I give permission for emergency treatment, emergency transportation, hospitalization, anesthesia, or injection, and will be responsible for the bills of same. My authorization does not include major surgery, unless life-threatening, and only then when the medical opinion of two licensed physicians or dentists concur in that treatment.

X _____
Signature of Parent Date

X _____
Signature of Parent Date