Medical Information Form and Authorization for Medical Care

I. ***Basic Personal Information*** (please print) **Todayôs Date: ____/____/_____**

Childôs Name: _____ Age: _____

Local Address: _____

City: _____State: _____Zip: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____

Height: _____ Weight: _____

Age: