



# Medical History

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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ Phone (Home/Cell): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Significant Problems - Medical, Behavioral, or Allergies \_\_\_\_\_

Other important information \_\_\_\_\_

Date of most recent Tetanus immunization (REQUIRED) \_\_\_\_\_

Is your child enrolled in an Indiana school?                      YES                      NO

If yes, Name of School \_\_\_\_\_

Is your child missing any required immunizations?                      YES                      NO

If yes, Which Immunizations? \_\_\_\_\_

*Britton's Bullpen staff will not be responsible for distributing/administering medications.  
Parents/Guardians must come in and distribute/administer any medications their child may need.*

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date