

REGISTRATION INFORMATION SUMMER 2012

abtech.edu/destinationexploration

HEALTH INFORMATION

(Please print or type and fill in completely.)

Student's Name _____

In case of emergency contact:

1. Name & Relationship to Student _____

Phone # 1 _____

Phone #2 _____

2. Name & Relationship to Student _____

Phone #1 _____

Phone #2 _____

Date of Applicant's Last Tetanus Shot _____

Significant Health Problems _____

Known Allergies of my child are (please include all allergies whether to medications, environmental, food, etc)

Medical Restrictions/Conditions for my child are (please include any prescription drugs your child currently takes):

Dietary Restrictions for my child are: _____

If a supervisor deems it necessary my child may have: Latex gloves Band aids _____

Does your child require handicap accessibility? _____

Please give a brief description of access needs: _____

Health Insurance Company: _____

Policy Holder: _____

Policy #: _____

Group #: _____

Parent/Guardian Signature: _____

Date: _____