



## HEALTH INFORMATION FORM

*Please Print*

Date: \_\_\_\_\_ Princess Name: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone #s (Office): \_\_\_\_\_ (Cell): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone #s (Office): \_\_\_\_\_ (Cell): \_\_\_\_\_

Please list any medical problems that we need to know about: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: Drug: \_\_\_\_\_

Food: \_\_\_\_\_

List any medications you are taking, do any need to be refrigerated? Yes No

If yes, what are they? \_\_\_\_\_

Do you have any special dietary needs: \_\_\_\_\_

\_\_\_\_\_  
If so, what are they or how do we need to accommodate you? \_\_\_\_\_

### **EMERGENCY CONTACT other than parents: (Home and Cell preferred)**

Name: \_\_\_\_\_ Home/Work: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Medical Consent**

Parental permission for treatment, in case of emergency is needed. Parents or Guardians please sign the consent below on behalf of your daughter. In case of emergency, I \_\_\_\_\_ (name), \_\_\_\_\_, (relationship) hereby give my permission to any medical personnel to treat my daughter, \_\_\_\_\_ (name). I understand that every attempt will be made to contact me during this event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_