

Medical Form



Please PRINT clearly.

Student first name	Student last name		
Doctor's Name	Doctor's Phone Number	After Hours Phone Number	
Clinic Address			
Street	City	State	Zip
Preferred Hospital in case of emergency	Hospital Address	Hospital Phone	

Pre-existing Medical Conditions *(Conditions that the student has already been diagnosed with)*

Condition 1	Medication 1	To be administered in school?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condition 2	Medication 2	To be administered in school?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recurring Medical Conditions *(Conditions that the student is susceptible to and recur often)*

Condition 1	Condition 2	Condition 3
Allergy 1	Allergy 2	Allergy 3

Other Medical Conditions *(Any other condition not mentioned above)*

Condition 1	Medication 1	To be administered in school?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condition 2	Medication 2	To be administered in school?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Physical Education (P.E.) class

Student allowed to take part in P.E. classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> With conditions: <i>(please specify:)</i>
Parent Name:	Signature:	Date:	

Please submit completed form to: a) registration@aimhighinstitute.org, b) or fax to: 208-445-4555, or mail to: AHL, c/o 430 W. Warner Rd, Ste #103, Tempe, AZ 85284

2009 deadline for completing registration: June 26, at 5:00 pm