

Woodside One Wheelers

Medical Info

please PRINT clearly

CONFIDENTIAL

Member Name (LAST, First):

Date of Birth: _____

current Grade: _____

Full Address of current Residence:

Date of *Last* Physical Exam: _____

Medical Insurance Information:

Company Name:

Policy Number:

Prescription Medications:

Allergies:

I hereby authorize Woodside One Wheelers' staff to obtain any emergency care that may become reasonably necessary for the student in the course of WOW activities or travel. I also understand that being involved with the Woodside One Wheelers activities has some chance of personal injury. I will not hold the Woodside One Wheelers or MSAD 75 liable for any injuries that occur to my child participating in the Woodside One Wheelers program.

Parent/Guardian Signature:

Date: