

FACADE

ACADEMY OF THE ARTS

Personal Information Form

General Information

Name of student: _____

Sex: _____ F _____ M Age: _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Health Care Number: _____

In Case of Emergency Please Notify:

Name: _____ Relationship: _____

Mailing Address: _____

Phone Number: _____

Family Doctor: _____ Phone Number: _____

Medical History

It is important that the history be as complete and as accurate as possible. Students should indicate both past and current medical problems, including surgeries as well as any significant injuries.

Allergies: (List symptoms of all drug, environmental and food sensitivities)

Current Medications (List all medications you presently use)

Dosage	Frequency	Prescription	Condition
--------	-----------	--------------	-----------

Signature of Student (18+) or Parent/Legal Guardian

_____ Date: _____