



BLAST 2012 Medical/Allergy Form

Please fill out **ONLY** if you take medication or have allergies.

Last Name:	First Name:	Birth Date:
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Will Your Student Remember to Come Take Medication?:
Allergies (food, medicine, etc.):
Emergency Contact Name and Phone #:
House Leader Name and Phone #:

List Medicine and Dosage Requirements

Day	Breakfast	Lunch	Dinner	Before Bed
FRIDAY				
SATURDAY				
SUNDAY				
MONDAY				

Print Parent/Guardian Name _____

Signature _____

Date _____

Please return to Student Impact no later than 1/15/12, or **bring it with you** to check-in on 1/20/12!
Call 224-512-1849 with questions.