

DATE OF BIRTH: _____

NAME: _____ LAST NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ E-Mail: _____

I HAVE JUST COMPLETED THE _____ GRADE. THIS IS MY _____ YEAR TO ATTEND HP.

PARENTS: _____ PARENT PHONE: _____

I CAME TO HP WITH _____

I WILL BE SLEEPING _____

LAST TETNUS SHOT: _____ ALLERGIES: _____

I AM TAKING THE FOLLOWING MEDICINE: _____

AUTHORIZATION FOR EMERGENCY CARE

I hereby authorize any Physician licensed to practice in Texas to provide emergency medical care to the above named student, if the need arises; and I WILL PAY ALL CHARGES.

ID: _____
Add. ID: _____ PARENT OR GUARDIAN _____ DATE _____

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