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	O ATTEND HP.
PARENTS:		PARENT PHONE:		
I CAME TO HP WITH				
I WILL BE SLEEPING				
LAST TETNUS SHOT: AL				
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.				
Add. ID:		PARENT OR GUARDIAN DATE		
NAME: LAST NAME:	DATE OF BIRTH:			
ADDRESS:		PHONE:	AGE	
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I HAVE JUST COMPLETED THE	GRADE.	THIS IS MY	YEAR TO	ATTEND HP.
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I CAME TO HP WITH				
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LAST TETNUS SHOT: AL	LERGIES:			
I AM TAKING THE FOLLOWING MEDICINE:				
AUTHORIZ I hereby authorize any Physician licensed t named student, if the need arises; and I W	to practice in Te			care to the above
ID:				

DATE

PARENT OR GUARDIAN

Add. ID: