Old Town Athletic Campus

321 Walker Dr. Warrenton, VA

540-349-2791

www.otacfitness.com

OTAC Kid's Academy

Enrollment/Health Information Form

Student's Name: _____

Last First Middle

Current Grade: _____

Student's Date of Birth: _____/_____/_____ Sex: ____ State or County of Birth: _____ Main Language: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Legal Guardian 1: _____ Phone: _____-_____-_____ Work or Cell: ____-____-____

Name of Parent or Legal Guardian 2: _____ Phone: _____-_____-_____ Work or Cell: ____-____-____

Emergency Contact: _____ Phone: _____-_____-_____ Work or Cell: ____-____-____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food,insects,drugs,latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bowel problem			Sickle Cell Disease		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Spinal injury		
Dental problems			Surgery		
Bleeding problem			Vision problems		

Describe any other important health-related information about your child (for example: feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):

_____

_____

_____

List all prescription, over-the-counter, and herbal medications your child takes regularly:

_____

_____

_____

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Print Name: _____ Date: ____/____/_____