

## Health Information Form for Minors/Children

I/we, the undersigned parents/legal guardians of the minor/child named \_\_\_\_\_  
hereby disclose the following health and medical information pertaining to this minor/child for use by  
Advanced Care Fitness Inc. while said minor/child is under the supervision of Advanced Care Fitness Inc.

Child's date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies:  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Physical limitations:  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Special medical conditions/considerations:  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Child's blood type (please circle if known)    A    B    AB    O

Physician's name: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's contact number: \_\_\_\_\_

Parent/legal guardian name: \_\_\_\_\_

Parent/legal guardian address: \_\_\_\_\_

Parent/legal guardian contact numbers: Cell \_\_\_\_\_ Home \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_

Date document signed: \_\_\_\_\_ Staff Signature: \_\_\_\_\_