



## MEDICAL INFORMATION FORM

(Please Print Clearly)

TSA Participant's Name:		
School:		
Chapter Advisor:		
Known drug allergies		
Last tetanus administration received		
History of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc. <b>YES or NO</b>	If Yes, Please Explain:	
Medication(s) currently being taken		
Any physical restrictions <b>YES or NO</b>	If Yes, Please Explain:	
Please list the name and phone number of your family physician.		
Phone number where a parent or guardian can be reached during the day or night.		
Closest relative's name and phone number in case of emergency.		

**STUDENT:** Return this completed form to your chapter advisor before attending IL-TSA sponsored activities.