CALIFORNIA LEGISLATIVE BLACK CAUCUS

African American Leaders for Tomorrow – Medical Permission Slip

July 29 – August 1, 2015 CSU Dominquez Hills Campus

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Alternate Contact Person/Phone #: _____

Health Insurance Company: _____

Policy Holder: _____Group/Policy #: _____

Please list any allergies to which your child is susceptible:

_____

Pre-existing or present medical conditions:

_____

Family Doctor/Phone #: _____

Hospital Preference: _____

Student has asthma: Yes/No

Student wears glasses: Yes/No

Student wears contact lenses: Yes/No *Please bring glasses if you normally wear contact lenses.

Signature of Parent/Guardian: _____ Date: _____