

**San Diego Supercomputer Center  
University of California, San Diego  
Pi Wars 2020 Health Form**

**Please Print**

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

**Emergency Contact Information**

Emergency Telephone Number \_\_\_\_\_

Mother's Work Number \_\_\_\_\_

Father's Work Number \_\_\_\_\_

Name of Contact Person (other than parent) \_\_\_\_\_

Contact Information \_\_\_\_\_

**Medical Information**

List any medication, food or environmental allergies:

\_\_\_\_\_  
\_\_\_\_\_

List any medication being taken. Please include dosage and reason for medication

\_\_\_\_\_  
\_\_\_\_\_

**Health Provider and Insurance Information**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

Health Insurance Company Name

\_\_\_\_\_

Health Insurance Company Address

\_\_\_\_\_

Health Insurance Group and/or Policy Numbers

\_\_\_\_\_

Name of Person who is the Primary Policy Holder

\_\_\_\_\_