

**PACIFIC YEARLY MEETING
MEDICAL HISTORY & INFORMATION**

Please fill out this form in ink, one form per youth. Use the back of this page if needed. This form and the permission form are both needed for your youth to participate in the JYM Program at Annual Session 2013.

• **TEEN'S NAME:** _____ • **BIRTHDATE** _____

Medications, dosage and schedule: _____

Does JYM staff need to oversee taking of medication? _____

Is your child/ teen currently under treatment for depression, anxiety, mental health, or physical conditions? _____

Other information, conditions or concerns _____

• **MEDICAL:**

Date of last tetanus shot _____

Allergies _____

Teen's doctor _____ Telephone _____

Insurance company _____

Policy holder's name _____ Policy # _____

If an HMO, please give name and telephone # _____

• **PARENTS' OR GUARDIANS' EMERGENCY NUMBERS DURING EVENT:**

Parent 1/ legal guardian's name _____ Phone/Cell _____

Parent 2 / legal guardian's name _____ Phone/Cell _____

• **IN THE EVENT THAT PARENT / LEGAL GUARDIAN CANNOT BE CONTACTED, CALL:**

Name _____ Relationship _____ Telephone _____

• **PLEASE NOTE:** The teen needs to bring his/her insurance card (or a photocopy) to the event

Date completed _____ By _____ (print name)

Signature _____