

MEDICAL HISTORY & INFORMATION

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

MEDICAL HISTORY/CONCERNS:

Date of last tetanus shot _____

Allergies _____

Other necessary medical information/conditions _____

Medications, dosage and schedule _____

Do FAPs need to oversee taking of medication? _____

Teen's doctor _____

Telephone _____

Insurance company _____

Policy holder's name _____

Policy # _____

PLEASE NOTE: The child needs to bring his/her insurance card (or a photocopy) to the event.

PARENTS' OR GUARDIANS' EMERGENCY NUMBERS DURING EVENT:

Mother / legal guardian's name _____

Telephone _____

Father / legal guardian's name _____

Telephone _____

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

Name _____ Relationship _____

Telephone _____