

Pacific Yearly Meeting - Religious Society of Friends

MEDICAL HISTORY & INFORMATION

Please fill out this form in ink, one form per participant. Use the back of this page if needed. This and the permission form are both needed for the minor to participate.

MINOR'S NAME: _____ **BIRTHDATE** _____

Medications, dosage and schedule _____

Do staff need to oversee taking of medication? _____

Is your child currently under treatment for depression, anxiety, mental health, or physical conditions?
Please describe. _____

Other information or condition _____

MEDICAL HISTORY/CONCERNS:

Date of last tetanus shot _____

Allergies _____

Participant'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 participant needs to bring his/her insurance card (or a photocopy) to the event*

Date completed _____ By _____ (print name)

Signature _____ (Youth Medical-rev.6/12, YPC)