

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 Adult Allies 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:

Parent 1 / legal guardian's name _____

Telephone _____

Parent 2 / legal guardian's name _____

Telephone _____

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

Name _____ Relationship _____

Telephone _____

This document will be destroyed after the event concludes, unless there was a medical incident that requires retaining a copy.