



# PACIFIC YEARLY MEETING

## Children's Program (CP) at Walker Creek Ranch - July 14-19, 2014 MEDICAL HISTORY & INFORMATION

Please fill out this form in ink, one form per Child. Use the back of this page (or a separate blank page) if needed. This and the permission form are both needed for your Child to participate in the Children's Program.

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

Medications, dosage and schedule \_\_\_\_\_

Does CP staff need to oversee taking of medication? \_\_\_\_\_

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

Other information or condition \_\_\_\_\_

### MEDICAL HISTORY/CONCERNS:

Date of last tetanus shot \_\_\_\_\_

Allergies \_\_\_\_\_

Child's doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy holder's name \_\_\_\_\_ Policy # \_\_\_\_\_

If an HMO, please give name and telephone # \_\_\_\_\_

# PACIFIC YEARLY MEETING

## Children's Program (CP) at Walker Creek Ranch - July 14-19, 2014 MEDICAL HISTORY & INFORMATION (continued)

### 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 child needs to bring his/her insurance card (or a photocopy) to the event**

Date completed \_\_\_\_\_ By \_\_\_\_\_ (print name)

Signature \_\_\_\_\_ (sign name)

(CP Medical-rev.4/14)