



# PACIFIC YEARLY MEETING

## Children's Program at Walker Creek Ranch - July 13-18, 2015 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 Children's Program 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 # \_\_\_\_\_

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**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)