

PACIFIC YEARLY MEETING

Children's Program at Walker Creek Ranch - June 17-22, 2016 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)