



# PACIFIC YEARLY MEETING

## Junior Yearly Meeting (JYM) at Walker Creek Ranch - June 17-22, 2016 MEDICAL HISTORY & INFORMATION

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

TEEN'S NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

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

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

Is your teen currently under treatment for depression, anxiety, mental health, or physical conditions?  
\_\_\_\_\_  
\_\_\_\_\_

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

### MEDICAL HISTORY/CONCERNS:

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

Allergies \_\_\_\_\_

Teen's doctor \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

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

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

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

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