

## **Medical/Health Information and Emergency Contact Form**

| Participant's Name             | <br>Last              | First             | Middle                |
|--------------------------------|-----------------------|-------------------|-----------------------|
| Address:                       |                       |                   |                       |
| Street                         | City                  | State             | Zip                   |
| Telephone: ()                  | Birth Date            | Age               |                       |
| Parent/Guardian                |                       |                   |                       |
| Last<br>Address:               |                       | First             | Middle                |
| Street                         | City                  | State             | Zip                   |
| Work Telephone ()              |                       | Cell Phone (      | _)                    |
| Home Telephone ()              |                       |                   |                       |
| N CASE OF EMERGENCY CO         | _                     |                   |                       |
| Best Contact Number:           |                       |                   |                       |
| Name<br>Best Contact Number:   |                       |                   |                       |
| <br>Name of Health Insurance C |                       |                   |                       |
| Please list any health issues  | of concern:           |                   |                       |
| Allergies:                     |                       |                   |                       |
| Hospitalization and physician  |                       |                   |                       |
| List any medication(s) that y  | our child should take | during the progra | m:                    |
| •                              |                       |                   | Take (Day/Night/Time) |
|                                |                       |                   |                       |
|                                |                       |                   |                       |
| Medication Administration I    | •                     | ~                 | =                     |
| the program                    |                       |                   |                       |
| Parent/Guardian Signature _    |                       |                   | Date                  |