

MEDICAL INFORMATION (For use in the event of an emergency)

Participant's Name: _____ Male _____ Female _____

Address: _____

Father or Legal Guardian: _____ Work # _____

Home # _____ Cell # _____

Mother or Legal Guardian: _____ Work # _____

Home # _____ Cell # _____

In an emergency when a parent/guardian cannot be reached, please contact the following:

1). _____ Work # _____

Home # _____ Cell # _____

2). _____ Work # _____

Home # _____ Cell # _____

Date of Birth: _____

Physician _____ Telephone # _____

Dentist _____ Telephone # _____

Medical insurance company _____

Policy Holder's Name _____ Policy # _____

Allergies _____ Date of Last Tetanus: _____

List any medications your child takes (include dosage and frequency): _____

List any other medical conditions your child has:

PLEASE NOTE: Any prescription medication your child will need to be given to the Group Leader for dispensing. It must be in the original container and must be specifically prescribed for your child. The Group Leader will not dispense any medication without a prescription.