

Medical Form

Valid 6/23 through 5/24

Child's Name _____ Date of Birth: / /

Address _____
Street City Zip

Parent/Guardian _____ Cell Phone _____

Contact in case of Emergency (when parent or guardian cannot be reached)

Name _____ Relationship _____

Address _____
Street City Zip Best Phone # _____

Medical Information: _____ We are covered by Medical Insurance: Yes No

Date of last Tetanus Shot: _____

Medications Child is taking: _____

Allergies, Misc. Important Notes about your Child:

Insurance _____ Phone # _____

Policy # _____

Policy Holder's Identification # _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Parent/Guardian Signature _____ Date: _____