



Medical History & Contact Information 2017-2018

NAME OF EVENT	DATE(S) OF EVENT	DATE
All Christ-Youth Events, 2017-2018	August 1, 2017 - July 31, 2018	

PERSONAL INFORMATION	
Child's Full Name:	Date of Birth:
Address:	Home Phone:
City, State, Zip:	Social Security #
E-mail:	

MEDICAL INSURANCE INFORMATION	
Is the participant covered by a medical insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Policy Holder:	Relationship:
Insurance Company:	Social Security # of Policy Holder
Policy Number:	Phone Number of Policy Holder

MEDICAL HISTORY		
Blood Type:	Physician/Phone #	Last Tetanus Shot
Allergies or allergies to medications:		
Medications presently taking:		
Any restrictions on sports or physical activity:		
List any medical problems/conditions:		
List any medications person should not have:		

EMERGENCY CONTACT INFORMATION		
Father's Name:	Mother's Name:	Emergency Contact:
Home Phone(s):	Home Phone(s):	Home Phone:
Work Phone(s):	Work Phone(s):	Work Phone:
Cell Phone(s):	Cell Phone(s):	Cell Phone:
Date of Birth	Date of Birth	Relation

Please include a copy of both sides of your insurance card