



Medical History & Contact Information 2018-2019

NAME OF EVENT	DATE(S) OF EVENT	DATE
All Christ-Youth Events, 2018-2019	June 1, 2018 - May 31, 2019	
PERSONAL INFORMATION		
Child's Full Name:	Date of Birth:	
Address:	Home Phone:	
City, State, Zip:	Social Security #	
E-mail:		
MEDICAL INSURANCE INFORMATION Please include a copy of insurance card		
Is the participant covered by a medical insurance policy? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Policy Holder:	Relationship:	
Insurance Company:		
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

