

# Poplar Ridge Friends Youth

## 2018 MEDICAL FORM

(please print!)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(month/day/year)  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_

### EMERGENCY PHONE NUMBERS WHERE FAMILY MAY BE REACHED:

Father's Name: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_  
Other Contact: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

### Medical Information

Medical Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Dr. Phone # \_\_\_\_\_  
Medication participant is using under doctor's orders: \_\_\_\_\_

Allergies or other health problems: \_\_\_\_\_  
\_\_\_\_\_

In the event it becomes necessary to seek medical attention for \_\_\_\_\_ during the period he/she is a participant in this event, I hereby authorize Tim Vestal or other leaders of the trip to execute proper medical treatment for the above participant.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(participants under 18 require Parent/Guardian signature)

***This Form can be used for all of our trips in 2018.  
You still need to fill out a Permission Slip for each trip!***