## POPLAR RIDGE FRIENDS MEETING 2019 SENIOR YOUTH MEDICAL FORM

(PLEASE PRINT)

Full Name:		Date of Birth:(month / day / year)	
Address:	Home Phone #:		
	(	Cell #:	
EMERGENCY PHONE NUMBERS WHE	RE FAMILY CAN BE	REACHED:	
Father's Name:	(home #)	(work #)	(cell #)
Mother's Name:			
Other Contact:			
** MEDIC	CAL INFORMA	TION **	
Medical Insurance Company		Phone # <sub>_</sub>	
Policy Holder	Policy Number		
Doctor's Name	Dr. Phone #		
Medication participant is using under doc	ctor's orders:		
Allergies or other health problems:			
In the event it becomes necessary to see during the period he/she is a participant i leaders of the trip to execute proper med	in this event, I hereby	authorize Tim Ve	
Signed:	Da	ate:	

This Medical Form can be used for all of our trips in 2019. You still need to fill out a Permission Slip for each trip!

(PARTICIPANTS UNDER THE AGE OF 18 REQUIRE PARENT/GUARDIAN SIGNATURE)