

The TAB Youth 2026 Student Medical Information Form

This form is necessary for any youth activity of the TAB Youth. You will only need to fill this form out annually. This form will remain valid from January 1, 2026-December 31st, 2026. If information changes during the year please fill out another form. Remember that this form will cover short events at the church, longer out of town events, and overnight events.

Student's Name: _____ Date of Birth: _____ Grade: _____

Address: _____

T-Shirt Size: _____ Phone #: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____

Personal Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

Personal Phone: _____ Work Phone: _____

In an emergency, when Parent/Guardian cannot be reached, please contact:

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Insurance Company: _____

Subscriber Name: _____

ID Number: _____ Group Number: _____

(Please fill out both sides completely)

MEDICAL INFORMATION

Date of Last Tetanus Booster: _____

Allergies (food, medication, other): Yes No (Please specify if Yes)

Have you ever been diagnosed with any medical, mental, social, or emotional conditions that may impact your ability to participate in events or that we need to be aware of: Yes No (Please specify if Yes)

Medication currently taking (please include amount and how often used):

Does the student need an adult to help in remembering to take this medication? Yes No

Any other medical, mental, social, or emotional information we need to be aware of:
