

MEDICAL INFORMATION

Name: _____ **Age:** _____ **Sex** (Please Circle): **M / F**

Address: _____ **Postal Code:** _____

Birthdate (mm/dd/yy): ____/____/____

Name of parent/guardian: _____

Phone (h): _____ **Phone (w):** _____

Emergency Contact Information

Name: _____ **Phone:** _____ **Relationship:** _____

Physician Information

Name: _____ **Phone:** _____ **City:** _____

Health Care Card # Including personal ID # _____

Medical Information

Allergies (drug/food/other) (*Please Specify*)

Please list any medical conditions or other concerns (include any information regarding conditions that could inhibit or impact your child's participation in program activities). In addition, please specify if your child is currently taking any medications.

I _____ **certify that all of the above information is current and correct.**

_____ **Parent / Guardian Signature and Date**