

Medical information

Child's full name _____

Address: _____ City _____ St. _____ Zip _____

School: _____ Grade _____ DOB _____

Mother's Name _____ Father's Name _____

Mother's wrk # _____ Father's wrk # _____

Mother's Cell # _____ Father's Cell # _____

E-Mail Address _____

Please list TWO emergency contacts in case parents cannot be reached

Name _____ Relationship _____

Phone _____ Cell Phone _____

Address _____ City _____ St. _____ Zip _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

Address _____ City _____ St. _____ Zip _____

Physicians Name _____ Phone _____

Insurance Co. & Policy Number _____

Any Physical limitations, allergies, or medications? _____

Please note any additional details or concerns on the back of this form