

**PACIFIC YEARLY MEETING
MEDICAL HISTORY & INFORMATION**

Please fill out this form in ink, one form per youth. Use the back of this page if needed. This and the permission form are both needed for your youth to participate.

TEEN'S NAME: _____ **BIRTHDATE** _____

Medications, dosage and schedule _____

Do JYM staff need to oversee taking of medication? _____

Is your child/ teen currently under treatment for depression, anxiety, mental health, or physical conditions? _____

Other information _____

MEDICAL HISTORY/CONCERNS:

Date of last tetanus shot _____

Allergies _____

Teen's doctor _____ Telephone _____

Insurance company _____

Policy holder's name _____ Policy # _____

If an HMO, please give name and telephone # _____

Child/Teen's social security number _____ - _____ - _____

PARENTS' OR GUARDIANS' EMERGENCY NUMBERS DURING EVENT:

Mother / legal guardian's name _____ Phone/Cell _____

Father / legal guardian's name _____ Phone/Cell _____

IN THE EVENT THAT PARENT / LEGAL GUARDIAN CANNOT BE CONTACTED, CALL:

Name _____ Relationship _____ Telephone _____

PLEASE NOTE: The child needs to bring his/her insurance card (or a photocopy) to the event

Date completed _____ By _____ (print name)

Signature _____