

Concord Friends Meeting

Youth Medical Form

(Please Print)

Full Name _____ Date of Birth _____
(Month/Day/Year)

Address _____ Home Phone # _____

_____ Mobile Phone # _____

EMERGENCY PHONE NUMBERS WHERE FAMILY MAY BE REACHED:

Father's Name _____
(Home #) (Work #) (Mobile #)

Mother's Name _____
(Home #) (Work #) (Mobile #)

Other Contact _____
(Home #) (Work #) (Mobile #)

Medical Information

Medical Insurance Company _____ Phone # _____

Policy Holder _____ Policy # _____

Doctor's Name _____ Dr Phone # _____

Medication participant is using under doctor's orders _____

Allergies or other health problems _____

In the event it becomes necessary to seek medical attention for _____
during the period he/she is a participant in this event, I hereby authorize an adult sponsor, church staff or other
leaders of the trip to execute proper medical treatment for the above participant.

Signed _____ Date _____

(Participants under 18 require Parent/Guardian Signature)

**This form can be used for all of our trips.
You still need to fill out a Permission Slip for each trip!**