

First Presbyterian Church: Endicott
Junior and Senior High Youth Health and Emergency Medical Information

Covers September 2016 – August 2017 (I will update if there are changes.)

Specific Activity (Name and Date): _____

Student's Full Name: _____ Birth Date: _____

Address: _____

Parent/Guardian: _____ Relationship _____

Phone # (home) _____ (work/cell) _____

Parent/Guardian: _____ Relationship _____

Phone # (home) _____ (work/cell) _____

Emergency Contact if parents cannot be reached: _____ Phone: _____

Family Doctor: _____

Address & Phone Number: _____

Dentist: _____

Address & Phone Number: _____

Insurance Co. and Name of Insured: _____

Policy Number & Group Number: _____

Does your child have allergies, medical conditions, physical limitations, or emotional needs that we should be aware of?

Is your child on any type of medication at this time? If so please list them below:

Do we have permission to give your child the following medication, if needed?

• Tylenol (or generic) yes no call me

• Ibuprofen yes no call me

Is there anything else it would help us to know about your child so that we might provide a safe, nurturing environment for him/her?

Signature of Parent or Guardian/Relationship to Student

Date