



Emergency Medical Information for Minor Child

1. Minor's Name: _____
2. Father's name: _____
Address: _____
Telephone: _____
3. Mother's name: _____
Address: _____
Telephone: _____
4. Physician's name: _____
Address: _____
Telephone: _____
5. Dentist's name: _____
Address: _____
Telephone: _____
6. Insurance Company: _____
Policy No: _____
Group No: _____
Name of Insured: _____
Telephone: _____
7. Insurance Company: _____
Policy No: _____
Group No: _____
Name of Insured: _____
Telephone: _____
8. Does Youth Member have any allergies? _____
If yes, describe: _____
9. Does Youth Member have restrictions on activities? _____
If yes, describe: _____
10. Does Youth Member have any other medical conditions of which we should be aware?
If yes, describe: _____

11. Does Youth Member take any medications of which we should be aware?
If yes, describe: _____

12. Blood Type: _____