

# Poplar Ridge Friends Youth

## 2017 MEDICAL FORM

(please print!)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(month/day/year)

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

### EMERGENCY PHONE NUMBERS WHERE FAMILY MAY BE REACHED:

Father's Name: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

Other Contact: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

### Medical Information

Medical Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

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 Tim Vestal 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 in 2017.  
You still need to fill out a Permission Slip for each trip!***