

Holly Spring Friends Youth

2018-2019 MEDICAL FORM

(please print!)

Full Name _____ Date of Birth _____
(month/day/year)
Address _____ Home Phone # _____
_____ Cell # _____

EMERGENCY PHONE NUMBER 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 Ben Doomy 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 2018-2019 school year.
You still need to fill out a Permission Slip for each trip!***