

HEALTH CARD

PLEASE PRINT OR TYPE

Name_____

Address_____

Apt. #_____ City/State/Zip_____

Home Phone(____)_____

Work (Father)(____)_____ (Mother) (____)_____

Other Emergency Contact Name_____

Phone Number (____)_____

Health Insurance Company_____

Policy Number_____

Employer Providing _____

Family Doctor_____ Phone (____)_____

Health Authorizations

I agree that my son/daughter can receive non-prescription medicine on the trip (Tylenol, cough syrup, rolaids etc.) if the need arises.

Yes___ No___

I agree that trip leaders may authorize emergency medical treatment of the above named youth. (To be signed and dated by both parents if appropriate.)

Parent signature Date

Parent signature Date

Please note any health-related information of which we should be aware (allergic reactions, current medications, illness, etc.)

