

MEDICAL HISTORY & INFORMATION

CHILD/TEEN'S NAME: _____ **BIRTHDATE** _____

MEDICAL HISTORY/CONCERNS:

Date of last tetanus shot _____

Allergies _____

Other necessary medical information/condition _____

Medications, dosage and schedule _____

Do CPQM staff need to oversee taking of medication? _____

Child's doctor _____ Telephone _____

Insurance company _____

Policy holder's name _____ Policy # _____

PLEASE NOTE: The child needs to bring his/her insurance card (or a photocopy) to the event.

PARENTS' OR GUARDIANS' EMERGENCY NUMBERS DURING EVENT:

Mother / legal guardian's name _____ Telephone _____

Father / legal guardian's name _____ Telephone _____

IN THE EVENT THAT PARENT / LEGAL GUARDIAN CANNOT BE CONTACTED, CALL:

Name _____ Relationship _____ Telephone _____

Because of privacy issues, this form will be destroyed after each event.
You will have to fill out a new form for each event. (CPQM Medical-rev.4/09)