

2010 Student
MED FORM



Willowbrook Christian Church
619 High Street - Victor, New York 14564
Phone: (585) 924-5550

Student Information:

Name: _____
Address: _____
City/State/Zip: _____
Birthdate: _____ Grade in '09: _____ Age: _____
Phone Number: _____
E-Mail: _____
IM Address: _____

Primary Care Physician Information:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Insurance Information:

Is child covered by hospital insurance?
 Yes No

Insurance Co.: _____
Subscriber ID No.: _____

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Emergency Contact Information:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Relationship to Child: _____

Medical Information:

Please list any allergies or special medical problems the child has.

Permission to Dispense Medication:

I give permission for the senior youth sponsor to give over-the-counter medication (ie. Tylenol, anti-acid medication) to my child or the child in my care, in case of emergency. I have made known any allergies to medication in the "Medical Information" section above.

X _____
Signature of parent/legal guardian

Date

Emergency Contact Information:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Relationship to Child: _____

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