

Journey Group's Participant Medical History

Child's Name _____

Youth's Phone _____ free texting Y or N

Youth's e-mail _____ does youth check email Y or N

Address _____

Parent names _____

Parent's phone #'s _____ free texting Y or N

Parent's e-mail: _____

Emergency contact other than parent: _____

Relationship to child _____ Phone _____

Allergies _____

Medications _____

Any other pertinent information _____

Insurance & policy number _____

Parent's printed name _____

Parent's signature _____ date _____