

# Journey Group's Participant Medical History

Child's Name \_\_\_\_\_

Youth's Phone \_\_\_\_\_

Youth's e-mail \_\_\_\_\_ does youth check e-mail Y or N

Address \_\_\_\_\_

Parent names \_\_\_\_\_

Parent's phone #'s \_\_\_\_\_

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 \_\_\_\_\_