



F I R S T UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE

109 Waring Road • Syracuse, New York 13224-2294 • (315) 446-5940

Medical Information Form (2 Pages)
First Unitarian Universalist Society of Syracuse

Child/Youth Name: _____

Age: _____

**Parent/Legal
Guardian:** _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Doctor Name: _____

Doctor Phone: _____

**Dentist/Orthodontist
Name:** _____

**Dentist/Orthodontist
Phone:** _____

Hospital Preference: _____

Do you carry family medical/hospital Insurance: YES NO

Name of parent/person with insurance policy: _____

Health Insurance Agency:

Name: _____ Policy #: _____ Group #: _____

Medications currently taking:

Allergies/Medical conditions:

Date of last Tetanus shot: _____

Is your child under the care of a physician for:

Epilepsy: YES NO

Diabetes: YES NO

Other (specify): YES NO

Parent/Guardian Name (please print):

Parent/Guardian Signature: _____ Date: _____

In Case of Emergency Contact:

Name: _____

Day Phone: _____

Evening Phone: _____

Parent Attendance information:

I, (circle) **will** / **will not** attend the event.