2017 Northeast Regional Youth Conference Medical Form

Name of Participant:______________________________ Date of Birth:_____________
Age at NEYC: ________

Home Address: ____
Gender: ☐ Male ☐ Female

CUSTODIAL PARENT/GUARDIAN (If NEYC Participant is a minor):

Name:____ Home Phone:______________

Home Address: ____

Phone Number where parent can be reached during NEYC: _______________________

EMERGENCY CONTACTS (in case parents can't be reached, or adult participant is unable to provide information)

Contact #1 Name:___________________ Relationship:_____________Phone:________

Contact #2 Name:___________________Relationship:_____________Phone:_________

HEALTH HISTORY AND MEDICAL INFORMATION:
(To be filled out by the participant or the participant's parent or legal guardian)

Name of Medical Insurance Company: ____

Medical Insurance ID or Account Number: ______________________________________

Name of Subscriber: _________________________________Relationship:_______________

Name of Family Physician:___________________________Phone Number:_______________

Address:____

ALLERGIES (List all known)

Please include (but not limited to) allergies to medications, foods, insect stings, hay fever, asthma, animal dander, etc.)

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