

Calvary Chapel of the Hudson Valley
Youth Group
MEDICAL FORM
2020-2021 School Year

Name _____ Phone _____

Address _____ City _____

Zip _____

Birth Date / /

School _____

Grade _____

Parent/Guardian Name _____

Parent/Guardian Phone #s (Include Area Code) _____

Visitor? Who invited you? _____

OTHER EMERGENCY CONTACT NAME AND PHONE NUMBER

Name _____

Relationship _____

Phone # _____

Medical Information

Allergies (PLEASE INCLUDE SEASONAL, MEDICAL AND FOOD ALLERGIES)

Medication Being Taken _____

Physical Limitations (or things we should know about) _____

Medical Insurance Company _____

Name of Policy Holder _____

Policy # _____