

Medical Information for Minor

Parent / Guardian: _____

Parent / Guardian Phone Number: _____

Parent / Guardian: _____

Parent / Guardian Phone Number: _____

Address: _____

Address: _____

Name of Child: _____

Birthdate: _____

Allergies: _____

Medical/Special Issues: _____

Insurance Co: _____

Policy / Group #: _____

Insurance Phone #: _____

Family Physician: _____

Family Physician Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

I / We, being the parent(s) or legal guardian(s) of the above named minor child hereby appoint the leadership trip members of the 96:3 Project to act in my/our behalf in authorizing unexpected medical care, dental care, and hospitalization for the above named minor(s) during the period of my/our absences from: Month/date/year _____ through Month/date/year _____.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such times as unexpected medical care, dental care, and/or hospitalization may be required.

Parent / Guardian Signature _____

Parent / Guardian Signature _____