

Please fill out the following information:

Date: _____ (Please update information when there are insurance changes!)

Is your youth covered by medical/hospitalization insurance? yes _____ no _____

If yes, the following information is necessary:

Insurance Company Name _____
Insurance Company Phone Number _____
Insurance Company Address _____
Group and Policy Number _____

Youth's Social Security Number _____
Youth's Birth Date _____

Mother/ Guardian Place of Employment _____
and Business Phone Number _____
Father/ Guardian Place of Employment _____
and Business Phone Number _____

Alternate Emergency Contact _____
and Phone Number _____
Alternate Emergency Contact _____
and Phone Number _____

Please list any allergies, medications, or special medical problems.