

LCM Youth Revolution Individual Medical Form

PLEASE FILL OUT ALL LINES:

Name: _____ Birthday: _____
Soc. Sec. #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____
Cell Phone: _____

In case of emergency notify: _____

Home phone: _____ Business phone: _____

2nd Contact: _____

Home phone: _____ Business phone: _____

Family Physician: _____ Phone: _____

Medical Insurance: _____ Policy # _____

Billing Address: _____

Medical History (Attach any explanation on a separate sheet)

___ Epilepsy

___ Asthma

___ Sinusitis

___ Bronchitis

Other: _____

Date of last tetanus shot: _____

Current Medications (include dosage/time): _____

Allergies:

Food: _____

Penicillin or Other Drugs: _____

Insect Stings/Bites: _____

Poison Sumac, Oak, or Ivy: _____

Other: _____

Current Medications (include dosage/time): _____

My child may / may not be given Tylenol: _____

(Please photo copy your child's insurance card to the back of this sheet!)