

Junior Daughters of the King Medical Information Form



Junior Daughter/Participant:

Name _____

Birth Date _____

Address _____

Cell Phone Number (if available) _____

Parent(s)/Guardian(s):

Name _____

Relationship _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

Name _____

Relationship _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

Emergency Contacts (if unable to reach those listed above):

Name _____ Phone _____

Name _____ Phone _____

Name of Junior Daughter/Participant: _____

Health Care Provider _____ Phone _____

Dentist _____ Phone _____

Primary Insurance Co. _____

Insurance Policy # or Group # _____

Name of Insured _____

Secondary Insurance Co. (if applicable) _____

Insurance Policy # or Group # _____

Name of Insured _____

If no insurance please indicate so here _____

Special Needs (physical, dietary) _____

Medications (if so list dosage and times given) _____

Over the Counter Medications **NOT** to give and reactions if given _____

Allergies (please list including medications and environmental) _____

Date of last physical _____

Are immunizations current? _____

Will you allow blood transfusion? _____ (Initials)

Signature of Parent or Guardian (if attendee is under 18)

Date