



**Medical Information Sheet
PYC 2008-2009**

Name: _____

Date of Birth: _____ Social Security #: _____ Gender: _____

Known Allergies: _____

Medical Conditions: _____

Current Medications: _____

Medical Insurance: _____

Policy #: _____ Insurance Co. Name: _____

Primary Care Physician Name: _____

Address: _____

City: _____ State _____ ZipCode _____ Phone _____

Specialist's Name _____ Phone _____

In Case of Emergency Contact: _____

Relationship to Participant: _____ Day Phone _____

Cell Phone _____ Night Phone _____ e-mail: _____

Secondary Emergency Contact: _____

Relationship to Participant: _____ Day Phone _____

Cell Phone _____ Night Phone _____

If you have special dietary needs please specify here: _____

Parent/Guardian: Do you give Central Florida Presbytery representatives the authority to seek out medical care for your child in the event of an emergency? If so, please sign below.

Signature: _____ Date: _____

Do you give CFP representatives the authority to give your child Tylenol if they need it? If so, sign below.

Signature: _____ Date: _____

If your child takes medication daily will they be responsible for their own management of medication during PYC events? If so sign below. If not please specify the restrictions and requirements and sign below.

Signature: _____ Date: _____

Specifications:

Signature: _____ Date: _____

Have you and your child gone over this information? If so, please sign below:

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____