

Health History and Emergency Medical Treatment

Please fill out this form and return it to your club's Organizational Leader. Club leaders should have this form available when meeting or travelling as a club. This form may also be needed for events and activities outside the club program. If anything changes, please submit a new form.

Member Name (Child or Adult): _____

Parent/Guardian Name if Member is under 19: _____

Family physician: _____ Phone _____

Address: _____ Insurance Name/Policy # _____