

**P[ [ O 'UGUKQPU**  
**MEDICAL INFORMATION SHEET**

Please fill out one form per child. Thanks.

Child/ren's Last Name: \_\_\_\_\_

Parent / Sponsor Last Name: \_\_\_\_\_

Name of child: \_\_\_\_\_ Grade: \_\_\_\_\_ SB Address: \_\_\_\_\_

Mother/legal guardian's name (if not at SB) \_\_\_\_\_ Ph: \_\_\_\_\_

Father/legal guardian's name (if not at SB) \_\_\_\_\_ Ph: \_\_\_\_\_

Emergency names (authorized to remove child/ren from premises):

1) \_\_\_\_\_

2) \_\_\_\_\_

Name and phone number of family physician / insurance information:

\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**VERY IMPORTANT:** Allergies, medications, physical limitations, emergency medical information, recent surgeries or injuries, or other things we should know about your child/ren. List any medications that are self-administered, e.g. EpiPen, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for my child/ren to be given necessary treatment

At Silver Bay \_\_\_\_\_ At Hospital \_\_\_\_\_ Neither \_\_\_\_\_

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ aaaaaaa

**This form to be presented at time of registration for P[ [ O 'Ugukqpu**