

Personal History/Medical Information Form
2021

Child's Name: _____

Birthday: _____ Age: _____

Parent or Guardian: _____

Phone number of Parent/Guardian: _____

Medical Insurance Company: _____

Policy/Group # _____ Member # _____

Primary Care Physician: _____ Phone: _____

Is the child up to date on immunizations? YES / NO Last tetanus shot: _____

Any medications currently taking: _____

List any physical handicaps or conditions the child has (allergies/ headaches/anxiety/etc).

Should the child require any medical attention during this period, list any special instructions that might be required. (Allergies to drugs, rare blood type, etc.)

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