

2017 Personal Medical Information

Parents/Guardians- when your child is participating in an APA Youth Program activity and you are not present, the medical waiver form you have signed permits the APA to authorize medical care for your child. In the event of the need for your medical insurance information there is additional personal information that your child will need to present.

Please fill out this form and make sure that your child participant has it with them during ANY Youth Development Program event where a parent or guardian will not be present.

Participant Name/ SS#

Parent/Guardian Insurance holder SS#

Employer address

Parent DOB

Parent work phone number parent cell

Incase of emergency and you cannot be reached who else can we contact?

Do you have any allergies to medicine or other (like latex, bee stings, etc.)
