



Muskogee Youth for Christ General Medical Information Form

_____/_____/_____
Child's Full Name (*Last, First*) Birthdate (*mm/dd/yyyy*) Grade

Address City/State Zip

Known Allergies (*e.g. medicines, foods, poison ivy*)

Known Disorders (*e.g. Epilepsy, ADHD, Diabetes, Asthma*)

Medications

Parent or Guardian Parent or Guardian's Employment

(____)____ (____)____ (____)____
Home Phone Cell Phone Work Phone

____ (____)____
Other Emergency Contact Relationship Phone

____ (____)____
Medical Insurance Company Phone # on Medical Card

Policy (or Member) Number Group Number

***** Attach a photocopy of your medical insurance card, both front and back sides, to this form*****

***** Please keep MYC informed of any changes to the above information*****

*****Return form to Muskogee Youth for Christ, 3206 N. York St., Muskogee, OK 74403*****