

**Straight Up Ministries
and/or Aldersgate UMC
Medical Form**

Youth Information:

Name: _____

Address: _____

Phone: _____

Medical Conditions: _____

Allergies: _____

Any else we should know in an emergency: _____

Parent/Guardian Information:

Name: _____

Address(if different from above): _____

Phone (please include numbers for all parents/guardians):

Home: _____ Work: _____

Cell: _____ Pager: _____

Emergency contact (other than parent/guardian) – Please include one relative

1. Name _____

Relationship: _____ Phone: _____

2 Name _____

Relationship: _____ Phone: _____

3 Name _____

Relationship: _____ Phone: _____

Doctor Information:

Primary care physician & phone: _____

Insurance Information (please include a copy of insurance cards)

Primary company: _____

Policy Holder: _____

Policy Number: _____

Secondary company: _____

Policy Holder: _____

Policy Number: _____