



# Home School Emergency Contacts and Medical Form Boys & Girls Clubs of Douglas

Unit Name: Boys & Girls Club of Douglas

Participant Name: \_\_\_\_\_

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Participant Name: \_\_\_\_\_

### Medical Information:

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No

Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No Medicaid: \_\_\_ Yes \_\_\_ No

Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Special Needs/Health Issues: \_\_\_ Yes \_\_\_ No If Yes, explain (name of child if signing up more than one child):  
\_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No If Yes, explain (name of child if signing up more than one child):  
\_\_\_\_\_

### EMERGENCY CONTACT 1

Relationship to Member \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pick up Member: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address H: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT 2

Relationship to Member \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pick up Member: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address H: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

### FOR OFFICE USE ONLY

Membership #: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Status: \_\_\_\_\_

Type: \_\_\_\_\_

New/Renewal Member: \_\_\_\_\_

Processed by: \_\_\_\_\_