

# ***WJCL Convention Health Information***

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Health Insurance—Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

Address of Policy Holder: \_\_\_\_\_

Name and Address of Physician: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

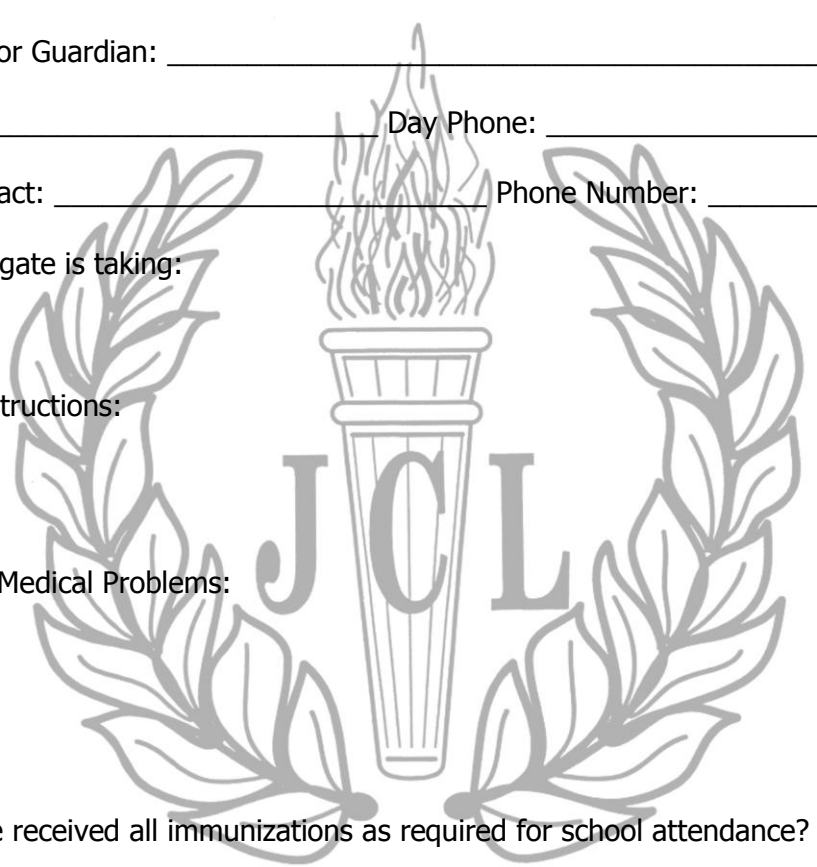
Night Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medications delegate is taking:

Dosages and Instructions:

Allergies and/or Medical Problems:



Has the delegate received all immunizations as required for school attendance? (please circle)

Yes

No

Please comment on previous serious injuries, illnesses, and hospitalizations:

In the event of an emergency, every attempt will be made to contact the parent, guardian, or emergency contact.