

**First Congregational United Church of Christ
105 North First Street, Eagle River, WI 54521
(715) 479-8501**

MEDICAL HISTORY AND EMERGENCY CONTACTS

Participant's Name _____ Home Phone _____
Cell Phone _____

Parent/Guardian Names _____

Emergency Contacts

1. _____
(Name) (Relationship) (Phone)

2. _____
(Name) (Relationship) (Phone)

Insurance Carrier _____ Group # _____

- (Please attach photocopies of the front and back of insurance card.)

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

List all medical problems we should be aware of

Are there any allergies? _____

Are there special diet needs? _____

Is any medication taken regularly? _____ If yes, what kind? _____

What is it taken for? _____ When is it taken? _____

What are the procedures? _____