



## Medical Information Form For Teen Chill Weekends

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

Camper Address: \_\_\_\_\_

\_\_\_\_\_

Camper Date of Birth: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

\_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Please list any food, environments or medicine allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

### **Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

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

Emergency Contact Relationship to You: \_\_\_\_\_

**PLEASE BRING THIS COMPLETED FORM, A COPY OF  
YOUR INSURANCE CARD AND YOUR COMPLETED  
REGISTRATION FORM TO TEEN CHILL**