

**Health Information and Emergency Contact Form**  
**CMCL Children and Youth \_\_\_\_\_(year)**

**Youth name:** \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile/other phone: \_\_\_\_\_

**Parent name(s):** \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile/other phone: \_\_\_\_\_

Address (if different) \_\_\_\_\_

**Emergency Contacts**

#1 - Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

#2 - Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

**Health Information**

Any Allergies: \_\_\_\_\_

Any Medications: \_\_\_\_\_

Any other Health issues: \_\_\_\_\_

**Parental Consent to seek emergency treatment if needed:**

\_\_\_\_\_  
parent signature

Insurance information: (Name and policy #)