

*Blacksburg Country Club 2016 Youth Activities
Medical History Information*

Child's Name _____ Birth date _____

Parent's Name _____

Address _____

Home Phone /Work Phone _____

Cell Phone _____

BCC Account Number _____

IN CASE OF EMERGENCY, NOTIFY (OTHER THAN PARENT):

Please list name and complete phone number

- 1.
- 2.

PLEASE LIST ALLERGIES TO FOOD, MEDICINE, INSECT/BITES, ETC.

PLEASE LIST CHRONIC OR RECURRING CONDITIONS (EAR INFECTIONS, SEIZURES, ASTHMA, DIABETES, ETC.)

PLEASE LIST NAMES OF MEDICATION TAKEN REGULARLY

OTHER IMPORTANT INFORMATION ABOUT YOUR CHILD

SIGNATURE OF PARENT _____

TODAY'S DATE _____

Emergency Authorization:

Should an emergency occur, and I cannot be immediately located, I authorize Blacksburg Country Club personnel to transport my child to the Montgomery Regional Hospital Emergency Room by ambulance and obtain immediate medical care. It is understood my health insurance carrier or I will assume responsibility for the cost of medical care.

_____ Signature

Insurance coverage:

Name of insurance carrier _____

Policy number _____

Physician Information:

Name _____

Address _____

Phone _____

Signature _____ Date _____