

Children of Mary Homeschoolers/Soldiers of Christ Youth Group
EMERGENCY MEDICAL HISTORY CARD

NAME _____ Birth Date ___/___/___ Age _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Father s Name _____

Day Phone _____ Eve Phone _____ Cell Phone _____

Mother s Name _____

Day Phone _____ Eve Phone _____ Cell Phone _____

Doctor _____ Phone _____

Address _____ Zip _____

Name of Insurance Company _____

ID# _____ Insurance Group # _____

Please list two other persons to contact:

Name _____ Phone _____

Name _____ Phone _____

Does student have any medical problems? Yes No

If yes, please explain. _____

Is student taking any medications? Yes No

If yes, please specify _____

Are there any known allergies to medications, foods, environmental? Yes No

If yes, please specify _____

In signing this form, I agree to actively help at Soldiers of Christ Meetings; at least two (2) per year.

In case of illness, accident, or other emergency involving this student, the Children of Mary/Soldier of Christ Chaperone is authorized to act on my behalf if I cannot be contacted.

Signature of
Father/Guardian _____ Date _____

Signature of
Mother/Guardian _____ Date _____

Please check the box that applies to your child: My child will be joining: **SOC SENIOR**
 SOC JUNIOR