

Christ the King Youth
Medical Form

Name of Child _____ Birthdate _____

Address _____ Phone Number _____

_____ Parent's Cell _____

Insurance Carrier _____ Policy Number _____

Subscriber Number _____ Other important info. _____

Phone number (insurance) _____

Emergency Contact (Other than direct family)

Name _____ Phone # _____ Relationship _____

Allergies _____

Medications _____

Other Important
Information _____

In the event that I cannot give authorization in person, I hereby give authorization for Christ the King Representatives to seek emergency medical treatment for the above-mentioned child. This is valid when the above-mentioned is under the supervision of Christ the King.

Signature _____ Date _____

Please include a copy of the insurance card with this form.