

Emergency Medical Information

For

PACE/SHARE Field Trips

For HISTORY DETECTIVE CLASS – Spring 2014

Name of Child: _____

Date of Birth: _____

Address: _____

Phone Number(s): _____

Name of Parent(s)/Guardian(s): _____

Address if not the same as above: _____

Primary Care Physician's name: _____

Primary Care Physician's Ph #: _____

Primary Care Physician's address: _____

My Child is covered by health insurance: Yes No

If covered, please give name of carrier, policy number and phone number here (or attach a copy of the card): _____

Please list ANY allergies: _____

Please list ANY known medical conditions: _____

List any medicines (prescribed or OTC): _____
