

1.2.3. Go... Medical Emergency Form

Please complete the entire form. Also note, insurance information including policy number is required. Please print legibly.

Participant/Child General Information:

First Name	Last Name
Date of Birth	Age
Gender	Height, Weight
Street Address	City, State, Zip
Home Phone	
Father/Guardian	Business Phone
Mother/Guardian	Business Phone

Emergency Contacts:

Primary person to contact in case of an emergency		
Home phone	Business phone	Cell phone/Other
Secondary person to contact in case of an emergency		
Home phone	Business phone	Cell phone/Other

Insurance and Doctor Information:

Local Doctor	Phone
Insurance Company	Policy Number
Insurance Company Phone	

I, the undersigned parent/guardian (print name) _____ as indicated by my signature below, hereby give my consent for the above named child for the following: a) to be released to the person(s) listed above and/or to be taken to the nearest hospital in case of an emergency, b) I hereby authorize in advance any medical treatment required in the case of an emergency, c) in the event of any incurred medical expenses, I will provide payment of these costs, d) I have provided accurate and truthful medical information on the reverse side of this form, e) I release 1.2.3. Go..., its employees/staff and subsidiaries from all liabilities.

Parent/Guardian Signature

Date

1.2.3. Go... Medical Emergency Form - Page 2

Health Information Required (please answer each question)

Has your child ever had: (if the answer is no, write no or n/a, if the answer is yes, give as much information as possible, being as specific as possible; if you need additional space, please attach a separate sheet of paper or list at the bottom)

Allergies (natural, e.g. mold, etc.)
Allergies (drug, e.g. penicillin, etc.)
Arthritis
Asthma (must indicate if inhaler, etc. is used)
Diabetes (what type)
Emotional Problems
Epilepsy (indicate approx. frequency)
Fainting (indicate approx. frequency)
Heart Problems (please be specific)
Hepatitis (please indicate approx. date)
Hives
Hypoglycemia
Kidney Trouble
Menstrual Cramps
Migraine Headaches
Pneumonia
Polio
Rheumatic Fever
Sinus Trouble
Sore Throats (chronic)
Tuberculosis
Valley Fever
Other
Serious surgeries, accidents or illnesses
Any Limitations (physical or otherwise)
Any Disabilities (physical or otherwise)
Dates of Latest Boosters Tetanus: MMR:

List ALL Medications Currently Taking
Dosage/Times

Any recent major life changes (e.g. death in family, move, etc.)