

**The Second Congregational Church, United Church of Christ, Bennington,
Vermont**

Hillside Street, P.O. Box 265, Bennington, VT 05201 (802) 442-2559

MEDICAL INFORMATION

Name of child or youth _____

Address _____ Phone _____

Parent or Guardian _____

Day phone _____ Night _____ Cell _____

Parent or Guardian _____

Day phone _____ Night _____ Cell _____

If parent can't be reached, person to be contacted:

Name _____ Relationship _____

Day phone _____ Night _____ Cell _____

Name of Physician _____ Phone _____

Year of latest Tetanus shot _____

Please describe any medical conditions that the child/youth has which may require attention or may limit ability to participate in activities: _____

Please list any allergies the child/youth has: _____

Any medications required, Or likely to be required, by the child/youth should be delivered to the head chaperone with instructions for administering and signed permission to administer in accordance with those instructions.

In the event of an emergency and none of the above can be reached immediately, the adult trip leader is empowered to authorize needed medical treatment.

Signature of parent/guardian _____ Date _____