

**REGION 17 YWIH
RISING STAR CONTEST
EMERGENCY MEDICAL FORM**



Minor's Name: _____

Father's Name: _____

Address: _____

Telephone: _____

Mother's Name: _____

Address: _____

Telephone: _____

Physician's Name: _____

Address: _____

Telephone: _____

Dentist's Name: _____

Address: _____

Telephone: _____

Insurance Company: _____

Policy No: _____

Group No: _____

Name of Insured: _____

Telephone: _____

Does Youth have any allergies? Y or N

If yes, describe: _____

Does Youth have restrictions on activity? Y or N

If yes, describe: _____

Does Youth have any other medical conditions of which we should be aware?

If yes, describe: _____

Does Youth have any medications of which we should be aware?

If yes, describe: _____

Blood Type: _____