

2024 GenOn Youth Summit
Medical Information Form (ADULT/YOUNG ADULT)

In the event of an emergency requiring medical treatment, I wish to provide the following medical information. I understand that this information will be held in strict confidence and will only be provided to medical professionals, if necessary.

Printed Name of Participant: _____ DOB: _____

Home Address: _____

Home #: _____ Cell #: _____

Church You Are Attending With: _____

Emergency Contact Information (Who would you like for us to call, in case of emergency?):

Name: _____ Relationship: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Medical Insurance Information

Insurance Company: _____ Phone #: _____

Policy #: _____ Group # _____

Physician Information

Physician's Name: _____ Phone #: _____

Medications You Are Currently Taking (with dosage information):

Any Recently Stopped Medications: _____

Surgeries within the last year: _____

Serious medical problems (diabetes, asthma, epilepsy, etc.):

Allergies: (examples: food? medications? bee/wasp stings?) _____

Date of last Tetanus shot _____ Blood Type _____

Special health concerns/problems: _____

******* IMPORTANT REQUIREMENT *******

Please provide a copy of BOTH sides of your medical insurance & prescription card(s) with this Medical Form so that we can provide documentation to medical professionals in case of an emergency