



PLEASE BE ADVISED BY SIGNING THIS DOCUMENT, YOU ARE ACKNOWLEDGING THE INFORMATION BELOW IS TRUE AND UP TO DATE. IT IS YOUR RESPONSIBILITY TO ADVISE A SOLDIER'S CHILD (ASC) OF ANY CHANGES TO YOUR CHILD'S HEALTH BY RESUBMITTING THIS FORM.

**ASC Participant Medical Information Form. Please print all information clearly.**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Legal Guardian Name: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_  
Child's Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Last Physical: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Member Number: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
List of Past Medical Treatments: \_\_\_\_\_  
List all Current Medications: *(List even the medication does not need to be administered while in our care)*

Will your child need to take any prescription medications while staying with us?  Yes  No  
If yes, please write dispensing directions on paper. Place directions and medication(s) in a Ziploc bag labeled with your child's name.

Allergies: *(Please put N/A if your child does not have allergies)*  
Food: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Insect: \_\_\_\_\_  
Other: \_\_\_\_\_

Does your child require an Epi-pen?  Yes  No  
If yes, you must provide us with an Epi-pen to be kept on site during your child's stay. Epi-pen must be accompanied with a current prescription and doctor's note.

Specific activities to be restricted for health purposes:  
\_\_\_\_\_

**Emergencies:** If for any reason we cannot contact you, please provide us with another emergency contact.  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Parent/Legal Guardian (Print Name):** \_\_\_\_\_ **Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_