OFFICIAL DOCUMENT

Emergency Contact & Medical Information Form

Power of Credit Institute NFP — Youth Enrollment Documents

Student Information

Student Full Name: _____

Date of Birth (DOB): _____

Program / Class: _____

Parent / Guardian Contact

Parent / Guardian Name:

_____

Relationship to Student:

_____

Phone (Primary): _____

Phone (Secondary): _____

Email Address: _____

Emergency Contact

Emergency Contact Name:

_____

Relationship to Student:

_____

Phone (Primary): _____

Phone (Secondary): _____

Email Address: _____

Medical Information

Known Allergies *(food, medication, environmental, etc.):*

_____

_____

Current Medications:

_____

_____

Chronic Conditions / Diagnoses:

_____

_____

Healthcare & Insurance

Primary Care Doctor Name:

_____

Doctor Phone Number: _____

Insurance Provider: _____

Policy Number: _____

Group Number: _____

Policyholder Name: _____

Parent / Guardian Signature:

_____ **Printed Name:** _____

Date: _____

Relationship to Student: _____