



# Top Teens of America Medical Information Form

Name \_\_\_\_\_ Chapter \_\_\_ Prince George's County \_\_\_\_\_ Area II \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Please list any known allergies (medication, food, etc.) and any other health problems: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Details of any of the above and any other important medial information:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current medication being taken \_\_\_\_\_

Date of last Tetanus Toxoid Injection \_\_\_\_\_ Date of last health exam \_\_\_\_\_

Insurance carrier is \_\_\_\_\_ Policy# \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured (Parent/Guardian) \_\_\_\_\_

### Emergency information

Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

### Other Contact If Parent/guardian not available:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

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**Top Teens of America**  
Medical Treatment Authorization Form

The undersigned parent/legal guardian of the above hereby authorizes \_\_\_\_\_ as agents to authorize care for (Teens Name) \_\_\_\_\_

If in the opinion of any licensed physician, surgeon, or hospital it is necessary for the treatment of the Teen in an emergency situation. Any physician, surgeon, or hospital is authorized to rely upon any authorization for treatment by the undersigned. This will remain valid and full force and effect from \_\_\_\_\_ to \_\_\_\_\_.

The name of our physician is \_\_\_\_\_. He/She may be reached at HOME \_\_\_\_\_ or OFFICE \_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian    Date

**ACKNOWLEDGEMENT**

THE STATE OF \_\_\_\_\_  
County/Parrish of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me the undersigned notary public personally appeared \_\_\_\_\_ known to me the person(s), whose name(s), is/are subscribed to the foregoing instrument, and acknowledged to me that he/she/they executed the same for the purposes therein contained.

\_\_\_\_\_  
Notary Public

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