



Unitarian-Universalist Church of Nashua
58 Lowell Street
Nashua, NH 03064
(603)882-1091
www.uunashua.org

MEDICAL INFORMATION FORM (One Form Per Child)

The following information will facilitate prompt emergency medical care for your child if such treatment is required during a church activity.

Name of child/youth: _____

Name of Doctor: _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Health Insurance Information:

Name of policy holder: _____

Health Insurance Agency Name: _____

Policy # _____ Group # _____

Medications currently taking:

Allergies/Medical conditions or anything else we should be aware of:

PARENT/GUARDIAN'S NAME (Please print): _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____