MEDICAL INFORMATION

IN CASE OF EMERGENCY NOTIFY:

Name					
First	Middle	Last			
Relationship to Participant					
Home AddressStreet					
Street		City	State	Zip	
Business Telephone ()		Home Telephone (_)		
Name					
First	Middle	Last			
Relationship to Participant					
Home Address					
Street		City	State	Zip	
Business Telephone ()		Home Telephone (_)		
	ME	DICAL INSURANCE:			
Insurance Company					
Policyholder		Employer			
Policy #		Subscriber #			
Pharmacy Card					
C	CONSENT FOR	R EMERGENCY MEDIC	CAL CARE		
In the event medical treatment is such medical care for	needed and Pare	ent/Guardian is not available . I au	to make decisions	or arrangements for Mountain Meadow	
Youth Ranch to provide or arrang	ge for medical care	e at their discretion.			
Parent/Guardian	nt/Guardian			Signature Date	
Parent/Guardian			Signature Date		