

Medical Information Form

Please fill in the following information for our insurance records. In addition, please provide a photocopy of both sides of child's medical insurance card.

1. Name of Student: _____ SS# _____

2. Parent's Name (Insured): _____

Phone _____

Address: _____

Street/ mailing address _____

City _____

State _____

Zip _____

3. Please indicate the name of the insurance company that provides hospitalization and medical care coverage for your child: _____

4. Contract or policy number: _____

5. Group number, if applicable: _____

6. Please give your company name, if applicable: _____

7. Insurance company phone number: _____

8. Insurance company address: _____

Please provide us with the name, address, and phone number (day and evening) of a relative or close friend who we can contact in an emergency, if you are not available:

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship: _____

Medical Information: It is important for us to understand how to best care for you child over the summer. Please write down any information we need to know to help him or her stay in best health while with us.

Is there anything of a personal, medical, or dietary nature that you would like us to know about your child? _____

(over)

Child's Name _____

Will your child be taking medication or vitamins while he or she is with us this summer? _____

If yes, please list all medications and vitamins: _____

Please explain the condition(s) for which this medication is taken: _____

Clearly outline your child's medication schedule for a given day, including the names and amounts of each:

Breakfast	Lunch	Dinner	Before Bed

Questions? Call 717.567.3349 or email connect@longacre.com

Please complete and mail to: Longacre Leadership
1001 Markelsville Road
Newport, PA 17074