

**POHICK EPISCOPAL CHURCH  
9301 RICHMOND HIGHWAY  
LORTON, VIRGINIA 22079**

**Medical Information Sheet**  
**Please Print All Information**

Youth's Name: \_\_\_\_\_  
Last First

Youth's Name: \_\_\_\_\_  
Last First

Youth's Name: \_\_\_\_\_  
Last First

Youth's Name: \_\_\_\_\_  
Last First

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are there any special dietary needs? (gluten free, vegetarian, etc). If so, please list:

\_\_\_\_\_

List any allergies: \_\_\_\_\_

Is youth under a doctor's care or taking prescribed medications? If so, please list:

\_\_\_\_\_

\_\_\_\_\_

In case of emergency notify:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional medical comments or contact information: