



FISH Medical & Insurance Information

2020/2021

Name of Youth: _____ Grade/Yr _____

Emergency Contact: _____

Emergency Contact Phone Number(s): _____

Name of Insurance Policy Holder: _____

Name and Phone # of Insurance Carrier: _____

_____ Date of Last Tetanus: _____

Insurance ID #: _____ Insurance Group #: _____

Medicines used by your youth: _____

Please list any allergies you are aware of: _____

Parent Signature _____ Date: _____