



# **FISH Medical & Insurance Information**

**2025/2026**

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: \_\_\_\_\_