

Arizona Junior Classical League  
**Medical Information Form**

All delegates, chaperones, and sponsors must complete this form in its entirety.

TYPE OR PRINT:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_

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

School: \_\_\_\_\_ Sponsor/Chaperone: \_\_\_\_\_

Status (Circle One): Delegate/Student    Sponsor/Latin Teacher    Chaperone Sponsor/Chaperone

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever had any of the following? (Circle as appropriate)

Asthma    Epilepsy    Bleeding Disorder    Heart Condition    Diabetes    Kidney Disease

Give dates for any of the following you have had:

Fractures \_\_\_/\_\_\_    Head Injuries \_\_\_/\_\_\_    Surgery \_\_\_/\_\_\_

Hospitalization \_\_\_/\_\_\_    Last Tetanus Shot \_\_\_/\_\_\_

Location of Fractures (as appropriate): \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Primary Insured: \_\_\_\_\_