

Grace Community Church

58 East Main St. PO Box 1345 New Canaan, CT 06840

Medical Information Form

Name of Child: _____	Birth date (mm/dd/yy) _____
Address: _____ City: _____	State/Zip: _____
Social Security #: _____	Home Phone #: _____
Parent(s) Names: _____	Work Phone #: _____
Emergency Contact: _____	Phone #: _____
Family Doctor: _____	Phone #: _____
Insurance Co.: _____	Policy or Group #: _____
Known Medical Conditions: _____	
Medication?: _____	Allergies?: _____
Will you allow blood transfusions?: _____	_____ Initials of Parents
Last Tetanus shot ____ / ____ / ____	
Other: _____	

If possible, please include a photo copy of your insurance card with this form