

PLAY! MONTEREY TRAVEL PROGRAM MEDICAL FORM

Scholze Park Center • 280 Dickman Avenue, Monterey, CA 93940 • (831) 646-3878

PARTICIPANT INFORMATION (Please Print)

NAME: FIRST _____ LAST _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

FRIEND OR RELATIVE IN THE AREA TO BE CONTACTED IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

DATE OF BIRTH _____ ON MEDICATION: YES NO

PLEASE LIST NAME & TYPE OF MEDICATIONS: _____

PLEASE LIST ANY SPECIAL PROBLEMS, ALLERGIES, ETC., WHICH YOU FEEL WE SHOULD KNOW ABOUT: _____

DOCTOR'S NAME _____ PHONE _____

PARTICIPANT SIGNATURE _____ DATE _____

play! Monterey Travel Program Medical Forms must be updated yearly.