

Girls Incorporated® of Alameda County
Main Site Programs
Medical and Emergency Information

Hi! Thank you for your interest in Girls Inc.! Please fill out this form and the other forms that are part of your enrollment packet. You may return them to the Reception Desk or to Debbie Hernandez, Program Manager, Girls Inc., 13666 E. 14th Street, San Leandro, CA 94578

Participant Information:

Daughter/Child's Name _____

Age _____ Grade _____ Date of Birth _____

Address _____

City _____ Zip _____

School _____ Grade _____

1. Primary Guardian _____ Day Phone _____

Evening Phone _____ Cell Phone/Pager _____

2. Other Primary Guardian _____ Day Phone _____

Evening Phone _____ Cell Phone/Pager _____

Doctor and dentist to be called in case of emergency:

Doctor _____ Phone _____

Dentist _____ Phone _____

Do you have medical insurance (Please circle one): Yes No

Name of insurance company _____

Identification/policy number _____

Persons to notify in case of emergency (if parent/guardian cannot be reached):

1. Name _____ Relationship to girl _____

Address _____ Phone _____

2. Name _____ Relationship to girl _____

Address _____ Phone _____

Health Information

Special medications being taken by your daughter/child (i.e. insulin, allergy pills, inhaler, etc.):

Allergies to medications _____

Allergies to food _____

Other Allergies _____

Operations or serious injuries (please include dates) _____

Chronic or recurring illness _____

Any other health issues/medical conditions Girls Inc. staff need to know about:

Are there any activities your daughter should not participate in? Please explain:

Any dietary restrictions? Please explain: (Please attach doctor's notice)

Parent/Guardian Signature _____

Parent/Guardian Name Printed _____

Date _____

