

Student Name: _____ YCHS 2018-2019, Medical Survey

Grade: _____ Hospital Number: _____

The following information is only for use by the YCHS Administration. Please give us your family's most up-to-date emergency contact information, as well as make us aware of any medical conditions or allergies that we should know about in case of an incident occurring on campus.

Emergency Contact #1 Name/ Relationship: _____

Emergency Contact #1 Number(s)/ E-mail: _____

Emergency Contact #2 Name/ Relationship: _____

Emergency Contact #2 Number(s)/ E-mail: _____

Medical Conditions the School should be aware of: _____

Allergies: _____

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