



## Youth Emergency Medical Form

**Please print or type the following information:**

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Mother's/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's/ Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health/Medical Insurance Company: \_\_\_\_\_

Policy/Group No.: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_

Other Allergies (including food): \_\_\_\_\_

\_\_\_\_\_

Special Needs/Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

Medications Currently Being Taken: \_\_\_\_\_

\_\_\_\_\_

The WCYC requires that each member maintain a drug, alcohol, and tobacco free lifestyle, maintaining a 3.0+ gpa average, have a positive attitude, attend a minimum of 80% of meetings, and have great communication with their advisor. Failure to abide by these guidelines may result in a removal of WCYC membership. 10 students per school are chosen.

Applicants Signature \_\_\_\_\_

Parents Signiture \_\_\_\_\_

I grant permission to the Southwest Utah Public Health Department to administer first aid and to transport my child to the doctor or hospital in case of injury or illness. If permission cannot be readily obtained, I authorize any prudent medical treatment for my child that may be necessary and agree to assume the responsibility for all cost of transportation and treatment.

---

Signature of Parent/Guardian

---

Date

**\*Please drop off, take a picture, or scan or send an email completed applications to [bwilliams@swuhealth.org](mailto:bwilliams@swuhealth.org) or turn into your counselor**

**For questions regarding the WCYC, please contact:**

**Bailee Williams**

Health Educator

Southwest Utah Public Health Department

(435) 652-4064

[bwilliams@swuhealth.org](mailto:bwilliams@swuhealth.org)

**Abigail Wight**

Substance Abuse Prevention Specialist

Southwest Behavioral Center

(435) 634-5336

[awight@sbhcutah.org](mailto:awight@sbhcutah.org)



To find out more about Washington County Youth Coalition, follow us on

Facebook: <http://www.facebook.com/washcoyouth>, Instagram/Twitter: [\\_WCYC\\_](#)