

# NETA ADDENDUM B

## MINOR MEDICAL FORM

**NOTE: This form is provided to help facilitate prompt medical attention of the named minor. Its completeness and adequacy is neither guaranteed nor implied. It is the parent/guardians responsibility to convey or provide all pertinent medical information, including but not limited to the information requested on this form, to the authorized adult, care giver and medical facility.**

Minors Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Minors DOB: \_\_\_\_\_

Primary Address (street, city, state, zip): \_\_\_\_\_

Pediatrician (name & phone number): \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ phone number: \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ phone number: \_\_\_\_\_

### MEDICAL HISTORY

TETANUS SHOT (yes /no)      If yes, date last given: \_\_\_\_\_

CURRENT MEDICATIONS (Name & dosage): \_\_\_\_\_  
\_\_\_\_\_

ALLERGIES (drug or other): \_\_\_\_\_  
\_\_\_\_\_

SERIOUS ILLNESS OR MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

HOSPITALIZATIONS, SURGERIES OR MAJOR ILLNESSES: \_\_\_\_\_  
\_\_\_\_\_

SERIOUS INJURIES OR ACCIDENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INSURANCE

INSURANCE COMPANY: \_\_\_\_\_ Phone #: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP#: \_\_\_\_\_

NAME OF PRIMARY POLICY HOLDER: \_\_\_\_\_