

ONYX

The O Foundation for the Arts

Member Personal Medical Information

*This information is necessary to provide the best possible medical
Response and follow up in the event on injury or accident.
Information will be kept confidential.*

First Name	
Middle Name	
Last Name	
Age	
Date of Birth	
Social Security #	
Your Cell #	
Emergency Contact	
Contact's Cell	
Additional #	
Relationship to Member	
All Current Medications	
Allergies	
Special Conditions	

Signatures

*Members under 18 at the date this form is being completed must have their
Parent or Legal Guardian complete & sign the bottom of this form.*

Name of Person Completing Form		Signature	Date
I assert that I am proving all necessary information and full medical, physical, medication and other situations to the Onyx staff for the safety of my child, others and myself.	Notes	Signature	Date

You have my permission to treat, transport and perform medical treatment including life saving procedures for member.	Member Name/Signature/Date	Parent Name/Signature/Date
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