

Health/Medical Release Form

Personal Information

Name: _____ Birth Date: _____

Parent or Guardian: _____ Home Phone: _____
(If under 18)

Work Phone: _____ Address: _____ City/Zip: _____

In case of emergency, please notify:

1. Name _____ Phone: _____

Address: _____

2. Name _____ Phone: _____

Address: _____

Insurance Information

Insurance Company: _____

Address: _____

Policyholder: _____ Policy #: _____

Please attach a copy of your insurance card, if possible.

Health Information

Please circle any illnesses, allergies, or medication reactions you have experienced and give approximate dates.

Ear infections

Chicken pox

Measles

German measles

Penicillin

Any other:

hay fever

poison ivy

insects

mumps

other medications

rheumatic fever

diabetes

convulsions

asthma

behavioral problems

Immunizations:

(Please list dates as accurately as possible)

DTP Series Booster

Tetanus Booster

Polio OPV Booster

TB Test

(next page)

Operations or serious injuries: (dates)

Chronic or recurring illness:

Any other health problems or comments regarding anything listed above:

Any activity restrictions?

Acknowledgement Statement

I submit that this health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned youth rally activities, except as noted by me or an examining physician.

In the event of an emergency, I hereby give permission to the physician selected by the youth director to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself, if of majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

This information may be shared with other adults from the parish for the benefit of my child.

Signature: _____

Signature of Parent or Guardian: _____
(if a minor)

Date: _____