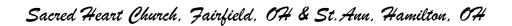
SECOND CHILD





2022-2023 Medical Information — Completed by Parent or Legal Guardian Please Print

Child's Name	Birth date //
Child's Soc.Sec.No.*	
Allergies	
Medications	
Chronic Conditions (e.g. epilepsy, diabetes)	
Family Doctor	Phone No
Medical Insurance Co.	
Policy Holder's Name	
Phone No. (h)(w)	_(c)
Birth date I I Soc.Sec.N	Jo.*
* Social Security Number is optional. Please note that some ho license number in place of SS number but it may not be accepted	•

SPECIAL MEDICAL INSTRUCTIONS &/OR INFORMATION PERTAINING TO THIS CHILD:

(See Activity Information form)

THIRD CHILD



Sacred Heart Church, Fairfield, OH & St. Ann, Hamilton, OH

2022-2023 Medical Information — Completed by Parent or Legal Guardian **Please Print**

Child's Name		Birth date	/	/	
Child's Soc.Sec.No.*					
Allergies					
Medications					
Chronic Conditions (e.g. epilepsy, diabetes)					
Family Doctor	Phone No				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~	~~~~~~~	~~~~~	~~~~~~	
Medical Insurance Co		Policy No			
Policy Holder's Name					
Phone No. (h)(v	7)	(c)			
Birth dateI	Soc.Sec.No.*				
* Social Security Number is optional. Please n	ote that some hospitals WILL NO	Γ treat without it. You	may use	your driver's	
license number in place of SS number but it ma	y not be accepted by medical inst	itution for treatment to	take nlac	·e	

(See Activity Information form)

SPECIAL MEDICAL INSTRUCTIONS &/OR INFORMATION PERTAINING TO THIS CHILD: