

SECOND CHILD



Sacred Heart Church, Fairfield, OH

2021 - 2022 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. _____

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Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Birth date \_\_\_\_ I \_\_\_\_ I \_\_\_\_ Soc.Sec.No.\* \_\_\_\_\_

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it. You may use your driver's license number in place of SS number but it may not be accepted by medical institution for treatment to take place.  
(See *Activity Information* form)

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



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