

Health and Medical Information Form

Date_____

Religious Education Class 2021-2022

Name_____

Birth date_____

Parent or Guardian_____ Home Phone_____

Address_____ City_____ Zip_____ Work Phone_____

Email address: _____

In case of emergency, please notify:

1. Name_____ Relationship_____ Phone_____

2. Name_____ Relationship_____ Phone_____

Insurance Information

Insurance Company_____

Policyholder_____ Policy number_____

Please attach copy of insurance card

Health Information

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

Ear infections	mumps	hay fever	rheumatic fever	insect bites
Chicken pox	measles	poison ivy	diabetes	asthma
Behavioral problems	Penicillin	convulsions		

Immunizations

DPT Series Booster Tetanus Booster Polio OPV Booster TB Test

Operations or serious injuries:

Chronic or recurring illness:

Any activity restrictions:

Medications: List directions:

My child may be given if needed (circle approved) ASPIRIN TYLENOL IBRUPROFEN

Dietary Restrictions:

Acknowledgement Statement

I submit that this health history is accurate and correct as far as I know, and the person described has permission to engage in all planned 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 majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred. I hereby release Saint Joseph Parish, DeWitt, Iowa, Diocese of Davenport, Davenport, Iowa, and all adult supervision from any and all claims arising out of or from any accident or other occurrence causing injury to any person or property during this activity. If my child's photograph is taken it may be used for promotional purposes.

Signature of Parent or Guardian_____ Date_____