

## Health and Medical Information Form

Date \_\_\_\_\_

Religious Education Class 2023-2024

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 \_\_\_\_\_

### 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 \_\_\_\_\_