

HEALTH FORM

ALL INFO IS REQUIRED—PLEASE FILL OUT COMPLETELY

Family Physician/Clinic _____ Phone Number _____

Health Insurance Co _____ Policy Number _____

In case of emergency, list someone other than parent who can be contacted if parent cannot be reached.

Name _____

Phone Number (day) _____ (evening) _____ (cell) _____

Other than parents, to whom may your child(ren) be released from Faith Formation classes?

Name	Phone	Relationship to child(ren)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone to whom your child(ren) should NOT be released? _____
Name and relationship to child(ren)

Health Information of Child(ren) *(for each child, list his/her last name if it differs from family name)*

Name _____ Please list any special needs, allergies, medications:

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Please list any additional information we should know: _____

In signing this health form I hereby certify that the above information is correct and give permission for my child/children to be transported in privately owned vehicles, or ambulance, for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of accident or illness.

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached I hereby give permission to the physician selected to secure proper treatment for my child/children named herein.

I give permission to use photographs of my child/children in parish publications or on parish website. Yes No
(names will NOT be published/posted)

Signature of parent /guardian _____ Date _____

I am interested in volunteering! Area(s) of interest _____

Best way and time to contact me _____