



# MEDICAL FORM

HEALTH AND SAFETY INFORMATION FOR CLASSES, RETREATS, AND YOUTH GROUPS

information is confidential and will remain in the security of Faith Formation director in case of an emergency

## INFORMATION:

NAME

STREET ADDRESS

DATE OF BIRTH

CITY/STATE/ZIP

## MEDICAL HISTORY

ALLERGIES

YES ☐

NO ☐

SPECIFY:

SPECIAL NEEDS/HEALTH CONCERNS (MEDICATIONS/DOSAGE OR DIETARY RESTRICTIONS):

OTHER CONCERNS REGARDING THEIR HEALTH AND SAFETY

Put contacts in descending order based on who should be called first to who would be called last in an emergency

## PARENTAL GUARDIAN #1

NAME

PHONE NUMBER

## PARENTAL GUARDIAN #2

NAME

PHONE NUMBER

## EMERGENCY CONTACT IF PARENTS AREN'T AVAILABLE

NAME

PHONE NUMBER

RELATIONSHIP

## EMERGENCY CONTACT 2 IF PARENTS AREN'T AVAILABLE

NAME

PHONE NUMBER

RELATIONSHIP

## COVERAGE/HEALTH CONTACT

INSURANCE COMPANY

PREFERRED PHYSICIAN

PHYSICIAN PHONE NUMBER:

HOSPITAL CHOICE

☐

ARNOT

☐

GUTHRIE

☐

OTHER

I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED IN VARIOUS MEDIA (CHURCH BULLETIN, WEBSITE, NEWSPAPER)

YES ☐

NO ☐

## CONSENT AND SIGNATURE

Guardian Signature

Date:

Guardian Signature (revised year later)

Date:

Guardian Signature (revised 2 years later)

Date:

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles in a medical emergency only, and for the release of medical records to an attending health care professional in case of illness. I understand every effort will be made to contact the parental guardians and listed contacts. If all contacts cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.