Date Completed ___/___/____

DIOCESE OF MEMPHIS
HEALTH FORM AND MEDICAL RELEASE

Name _____ T-Shirt Size (adult)_____

Date of Birth _____ Age _____ Sex _____

Home Address _____
Street City Zip

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

If parent or guardian cannot be reached in an emergency then please notify:

1) _____ _____
Name Address

Home phone _____ Work phone _____

2) _____ _____
Name Address

Home phone _____ Work phone _____

Health History
Any Pre-existing or Present Medical Conditions: _____

_____

Name and dosage of any medications that must be taken _____

_____

Any allergies? _____ To medications? _____

Please check all that apply:

____ Hay Fever ____ Heart Condition ____Diabetes ____Insect Stings

____ Epilepsy/Nervous Disorders ____ Asthma ____ Frequent Stomach Upsets

____Physical Handicap ____ Any Major Illness During the Past Year?

If any of these are checked, please give details (i.e. include normal treatment of allergic reactions)
_____

_____

Date of last Tetanus shot _____ Contact Lenses? _____

Any swimming restrictions? _____ Yes _____ No What? _____

Any activity restrictions? _____ Yes _____No What? _____

Is the child under any special medical treatment or diet that needs to be continued? _____

_____

_____

In case of medical or surgical emergency, I hereby give permission to the physician selected by

_____St. Louis Catholic Church Youth Ministry_____
(school/church/group)

or his/her representative to hospitalize and/or secure proper medical treatment for my above named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Signature _____ Phone _____

Home Address _____
street city state zip

Date _____ Insurance Company _____

Insurance Policy # _____ Insurance Certificate # _____

If the situation permits, my first choice of hospital is
_____

*Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.