

**MEDICAL RELEASE AND INFORMATION**

This form will be kept on file for the entire school year. All Students in Grades 6-12 participating in ANY youth activity with St. Joseph Church MUST have this form filled out COMPLETELY.

Today's Date \_\_\_\_\_

_____ <b>Last Name (Child's)</b>
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Children on this form (6<sup>th</sup> through 12<sup>th</sup> Grade)

Parent's names and phone numbers Home #

Work # Other #s

Doctor's Name and phone number

<b>PRIMARY INSURED INFORMATION</b>		
Primary Insured Name	Date of Birth	Health Plan Carrier
Policy Number	Social Security Number	

In the event that it comes to the attention of the adults in charge of any event sponsored by St. Joseph Church, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect with telephone charges reversed to myself.

Signature of parent or legal guardian Date

<b>EITHER</b>
No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.
Signature of parent or legal guardian Date
<b>OR</b>
I hereby grant permission for <b>nonprescription medication</b> (such as Tylenol, throat lozenges, and cough syrup) to be given to my child if deemed advisable.
Signature of parent or legal guardian Date:

**Child #1** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Specific Medical Information:** Please write additional information on separate paper and attach. Care will be taken to see that the following information is kept confidential.

- Allergic reactions (medications, food, plants, etc.) \_\_\_\_\_  
\_\_\_\_\_
- Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_  
\_\_\_\_\_
- Has child been exposed to any contagious disease or condition (mumps, measles, chicken pox, etc.)? If so, please list date and disease or condition: \_\_\_\_\_  
\_\_\_\_\_
- Does Child have any physical limitations? \_\_\_\_\_  
\_\_\_\_\_
- You should also be aware of the following medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_

**Child #2** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Specific Medical Information:** Please write additional information on separate paper and attach. Care will be taken to see that the following information is kept confidential.

- Allergic reactions (medications, food, plants, etc.) \_\_\_\_\_  
\_\_\_\_\_
- Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_  
\_\_\_\_\_
- Has child been exposed to any contagious disease or condition (mumps, measles, chicken pox, etc.)? If so, please list date and disease or condition: \_\_\_\_\_  
\_\_\_\_\_
- Does Child have any physical limitations? \_\_\_\_\_  
\_\_\_\_\_
- You should also be aware of the following medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_

**Child #3** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Specific Medical Information:** Please write additional information on separate paper and attach. Care will be taken to see that the following information is kept confidential.

- Allergic reactions (medications, food, plants, etc.) \_\_\_\_\_  
\_\_\_\_\_
- Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_  
\_\_\_\_\_
- Has child been exposed to any contagious disease or condition (mumps, measles, chicken pox, etc.)? If so, please list date and disease or condition: \_\_\_\_\_  
\_\_\_\_\_
- Does Child have any physical limitations? \_\_\_\_\_  
\_\_\_\_\_
- You should also be aware of the following medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_