

Date_____

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis.

Diocese_____ Parish_____ School_____

Participant's name_____

PLEASE PRINT OR TYPE

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect Stings:_____ Fainting Spells_____ Allergies_____

Asthma_____ Seizures_____ Heart Condition_____

Diabetes_____ Headaches_____ Other_____

Date of most recent Tetanus Shot_____

MEDICATIONS

Allergic reactions to any drugs (be specific)_____

Prescribed medication now being taken

Type_____ Dosage_____ How Often_____

Type_____ Dosage_____ How Often_____

Type_____ Dosage_____ How Often_____

Activities individual should not participate in_____