

**Health/Medical Release Form**  
Personal Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If under 18)

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

In case of emergency, please notify:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy No. \_\_\_\_\_

Please attach a copy of your insurance card, if possible.

**Health Information**

Please circle any illnesses, allergies, or medication reactions you have experienced and give approximate dates.

Ear infections	hay fever	rheumatic fever
chicken pox	poison ivy	diabetes
measles	insects	convulsions
German measles	mumps	asthma
penicillin	other medications	behavioral problems
any other:		

**IMMUNIZATIONS:**

(Please list dates as accurately as possible)

DTP Series Booster

Tetanus Booster

Polio OPV Booster

TB Test

(over)

Operations or serious injuries: (dates)

Chronic or recurring illness:

Any other health problems or comments regarding anything listed above.

Any activity restrictions?

### **Acknowledgement Statement**

I submit that his health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned youth rally activities, except as noted by me or an examining physician.

In the event of an emergency, I hereby give permission to the physician selected by the youth director to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself, if of majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

This information may be shared with other adults from the parish for the benefit of my child

Signature: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(if a minor)

Date: \_\_\_\_\_