

Team 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 reactors you have experienced and give approximate dates.

Ear infections
Chicken pox
measles
German measles
penicillin
any other:

hay fever
poison ivy
insects
mumps
other medications

rheumatic fever
diabetes
convulsions
asthma
behavioral problems

IMMUNIZATIONS:

(Please list dates as accurately as possible)

DTF 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: _____