Official legal form for the Diocese of Salina **FORM B**

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 at the beginning of the program.

Diocese _____Salina_____ Parish _____ School _____

Participant's Name _____

Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

Participant's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): _____

_____

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

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Seizures: _____

Heart condition: _____

Headaches: _____

OTHER: _____

List any allergies or allergic reactions to medications of the participant: _____

_____

Other pertinent medical information: _____

_____

Date of Participant's last immunizations: MMR_____TB _____ TETANUS _____

Special dietary needs/restrictions: _____

(over)

Medications: **FORM B**

Prescribed medication now being taken:

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____

_____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts:

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone (including area code): _____ Evening Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc): _____