Official legal form for the Diocese of Salina
Date ______________________

FORM B

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 ____________________________ 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:

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): ____