



Official legal form for the Diocese of Salina
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 ministry 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 _____

Participants 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: _____

Dates of Participant's last immunizations: MMR _____ TB _____ TETANUS _____

Special dietary needs/restrictions: _____

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): _____