



FORM B – MEDICAL INFORMATION

Official legal form for the Diocese of Salina

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: _____

Participant's Regular Physician

Name (first/middle/last): _____ Phone (incl. area code): _____

Medical Conditions

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

Physical Condition

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

Insect Stings: _____ Fainting Spells: _____

Allergies: _____ Ear Infections: _____

Seizures: _____ Heart Condition: _____

Headaches: _____ Other: _____

Participant's allergies or allergic reactions to medications: _____

Other pertinent information: _____

Dates of last immunizations: MMR _____ TB _____ Tetanus _____

Special dietary needs/restrictions: _____

Medications – prescribed medication currently being taken:

Type: _____ Dosage: _____ How often?: _____

Activities individual should not participate in: _____

Medical Insurance

Company: _____

Plan Number: _____ Employee Identification Number: _____

Emergency Contacts

Parent/Guardian Name (first/middle/last): _____

Daytime Phone (incl. area code): _____ Evening Phone (incl. area code): _____

Other (first/middle/last): _____ Phone (incl. area code): _____

Relationship (friend, neighbor, co-worker, etc.): _____