## **MEDICAL INFORMATION FORM**

This Medical Information Form should be completed annually. It is the responsibility of the parent/guardian to inform the school or parish of any changes in the child's medical condition during the year.

| Participant:  |   |
|---|---|
| Parent/Guardian:  | Phone:  |
| In the event of an emergency, if you are unable t   |   |
|   |   |
| Relationship to participant:  |   |
|   | Other Phone:  |
|   | Phone:  |
| Family Health Plan Carrier:   | Policy #:   |
| Signature:  | Date:   |
|   | an emergency, I hereby give permission to transport my gical treatment. I wish to be advised prior to any further NO  |
| directors and agents, and the Archdiocese of Mo<br>activity that my child becomes ill with symptoms | s to the attention of the parish/school/institution, its officers, bile, chaperones, or representatives associated with the s such as headache, vomiting, sore throat, fever, diarrhea, INO |
| the situation is life-threatening and emergency tr  | or non-prescription, may be administered to my child unless reatment is required.  NO   |
| or ibuprofen, throat lozenges, cough syrup) to be   | nedication (such as non-aspirin products, i.e. acetaminophen e given to my child, if deemed appropriate.  NO  |
| <b>Specific Medical Information:</b> The school/parisinformation will be held in confidence:        | sh will take reasonable care to see that the following  |
|   | present. My child will bring all such medications necessary, less of medications and concise directions for seeing that the and frequency of dosage, are as follows:                        |
|   |   |

## MEDICAL INFORMATION FORM (Continued)

| Allergic reactions (medications, foods, plants, insec   | ts, etc.):   |
|---|--|
| Immunizations: Date of last tetanus/diphtheria imm  | nunization:  |
| Does child have a medically prescribed diet?  |  |
| If yes, what is it?   |  |
| Does child have any physical or other limitations?  |  |
| Is child subject to chronic homesickness, emotional fainting?                                 | reactions to new situations, sleepwalking, bed-wetting,                  |
| Has child recently been exposed to contagious disea   | ase or conditions, such as mumps, measles, chicken pox, se or condition: |
| Additional special medical conditions of my child:  |  |
| $\overline{I}$ hereby warrant that to the best of my knowledge, r for the health of my child. | my child is in good health, and I assume all responsibility              |
| Parent/Guardian Signature   | Date   |