

Medical Information Form

Name of Student: _____ **Date of Birth:** _____

Address: _____

_____ **Home phone #:** _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Father/Guardian's full name: _____

Social Security Number: _____ **Phone #:** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Mother/Guardian's full name: _____

Social Security Number: _____ **Phone #:** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone #: _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment? _____

Address and Phone Number of Company: _____

A photocopy of the Insurance Card must be attached to this form or be on file with the Parish.

Medication (and dosage) my son/daughter is currently taking: _____

PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.
PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.

Other special considerations to be aware of (ie: allergies, medical conditions, etc...) _____
