

**Health/Medical Release Form**  
**Personal Information**

**For School Year:**  
**July 2017 – July 2018**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If under 18)

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

In case of emergency, please notify:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy No. \_\_\_\_\_

Please attach a copy of your insurance card, if possible.

**Health Information**

Please circle any illnesses, allergies, or medication reactions you have experienced and give approximate dates.

Ear infections  
chicken pox  
measles  
German measles  
penicillin  
any other:

hay fever  
poison ivy  
insects  
mumps  
other medications

rheumatic fever  
diabetes  
convulsions  
asthma  
behavioral problems

**IMMUNIZATIONS:**

(Please list dates as accurately as possible)

DTP Series Booster

Tetanus Booster

Polio OPV Booster

TB Test  
(over)

Operations or serious injuries: (dates)

Chronic or recurring illness:

Any other health problems or comments regarding anything listed above.

Any activity restrictions?

**Acknowledgement Statement**

I submit that this health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned youth activities, except as noted by me or an examining physician.

In the event of an emergency, I hereby give permission to the physician selected by the youth director or faith formation director to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself (if of majority age), or the child listed (if a minor). I accept responsibility for all medical/surgical treatment charges, which may be incurred.

This information may be shared with other adults from the parish for the benefit of my child.

Signature: \_\_\_\_\_  
(of participating adult)

**Signature of Parent or Guardian:** \_\_\_\_\_  
(if a minor)

Date: \_\_\_\_\_