



Date: _____

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese Salina Parish _____ School _____

Participant's Name _____

Social Security Number _____ Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

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

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Asthma: _____

Seizures: _____

Heart condition: _____

Diabetes: _____

Headaches: _____

OTHER: _____

Date of most recent Tetanus Shot: _____

MEDICATIONS

Allergic reactions to any drugs (be specific): _____

Prescribed medication now being taken: _____

Type: _____ Dosage: _____ How often: _____

Type: _____ Dosage: _____ How often: _____

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____