



THE
CATHOLIC
DIOCESE
OF
MEMPHIS
IN
TENNESSEE

HEALTH FORM & MEDICAL RELEASE

Name _____

Date of Birth ____/____/____ Age _____ Male Female

Address _____
Number & Street City State Zip

Parent/Guardian _____ Phone (w) _____ (h) _____

If parent or guardian cannot be reached in an emergency then please notify:

1.) _____ Phone: (w) _____ (h) _____

street city state zip

2. _____ Phone: (w) _____ (h) _____

street city state zip

HEALTH HISTORY

Any Pre-Existing or Present Medical Conditions:

Name and dosage of any medication that must be taken:

(Medication must be clearly labeled and given to an adult working the retreat)

Any allergies? _____

To medications? _____

Please check all that apply:

- Hay Fever Asthma Diabetes Insect Stings
 Epilepsy / Nervous disorder Frequent Stomach Upsets Heart Condition
 Physical Handicap Any Major Illness During the Past Year?

If any of the above are checked, please give details on back side.

(i.e. include normal treatment of allergic reactions)

**Back Side
Must Be
Signed**

Date of last Tetanus shot _____

Contact Lenses? (Type) _____

Any swimming restrictions? _____

Activity Restrictions _____

Is the child under any special medical treatment or diet that needs to be continued?

INSURANCE INFORMATION:

Insurance Company: _____

Insurance Policy # : _____

Insurance Certificate # : _____

If the situation permits, my first choice of hospital is:

****Please understand that depending upon the serious of the situation, your child may be transported to the nearest hospital.**

In case of medical or surgical emergency, I hereby give permission to the physician selected by: (school / church / group) _____ or his/her representative to hospitalize and/or secure proper medical treatment for my above named child.

I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Parent/Guardian Signature

Date

By selecting this box I agree to all terms and conditions herein.

Please also provide your name as agreement to terms above.

First:

Last: