

Holy Family/St. Mary's/St. Patrick's/St. Thomas Aquinas Parishes – Diocese of Peoria
RELIGIOUS EDUCATION PROGRAM

2019-2020 MEDICAL INFORMATION FORM

(Please fill out one health form per student)

Student

Legal Name: _____ Birthdate: _____

Address (street, city, state, zip): _____

Emergency Contacts

Parent or Guardian

Name: _____ Relationship: _____

Phone: Home (_____) _____ Cell: (_____) _____ Work: (_____) _____

Other Contact

Name: _____ Relationship: _____

Phone: Home (_____) _____ Cell: (_____) _____ Work: (_____) _____

Student's Regular Physician

Name: _____

Phone: (_____) _____ Medical Group: _____

Medical Conditions

Please list any medical conditions of the above student (asthma, diabetes, epilepsy, etc.):

Please list any allergies or allergic reactions to medications of the above student:

Please list any medications the above student is now taking:

Date of student's most recent tetanus shot: _____

Other pertinent medication information: _____

Medical Insurance Information

Insurance Company: _____ Plan ID#: _____

Name of Covered Employee: _____ Employee ID#: _____

Authorization for Emergency Medical Treatment

This information will be kept in parish files. A copy will be distributed to the person(s) in charge of the group of students. Should the need arise, this information will be given to proper medical authorities and parents notified. I understand that in case of illness or injury to my child, the parish will try to notify me or the person I have listed as an additional emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish to 1) arrange transportation to a proper facility where medical treatment would be administered, and 2) sign releases as may be required in order to obtain any treatment, as is required in judgment of medical authorities at the facility. This authorization for Emergency Medical Treatment is valid for one year, from September 1, 2019 through August 31, 2020.

Signature of Parent/Guardian

Date