Archdiocese of Louisville Health Form

Name _____ Date of Birth _____

Address _____

Male ___ Female ___ Home Phone _____ Cell Phone _____

Is your son/daughter in general good health and able to participate in all normal activities?
_____ Yes _____ No If No, please submit a statement indicating limitations.

Please give date of most recent physical examination _____

Family Physician or Clinic _____

Immunization History: Please give dates for the following
DPT _____ DPT Booster _____
Tetanus Booster _____ Polio Series _____
Polio Booster _____

Please answer the following that apply to your son/daughter.

Allergies: _____ Yes _____ No
My child is allergic to: _____

Is your child currently taking any medication? _____ Yes _____ No
If yes, list type of medicine: _____

Do we have permission to dispense Tylenol, if needed? _____ Yes _____ No

Please notify the Coordinator of Youth Ministry if your son/daughter is exposed to any communicable disease during the three week prior to attendance of an activity.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the parish. In the event that I cannot be reached, I hereby give permission to the physician selected by the Coordinator of Youth Ministry to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child, as named herein.

Signature of Parent/Guardian _____

Date: _____

Daytime Telephone Number: _____
Evening Telephone Number: _____

Family Health Insurance Provider: _____
Policy Number: _____