

Pax Christi Youth Ministry

Emergency Medical Form (Student/Adult)

To be filled out yearly, and/or when changes occur

Student/Adult Information:

Name _____ Sex Male/Female
Mobile Number _____ Text? Yes No
Address _____
Email (optional) _____
Projected Graduation Year _____ Birthdate _____

Parent/Guardian Information: (if applicable)

Parent/Guardian #1
Name _____ Relationship _____
Contact Number _____ Text? Yes No
Primary E-mail _____

Parent/Guardian #2: (optional)
Name _____ Relationship _____
Contact Number _____ Text? Yes No
Primary E-mail _____

Emergency Contact Information:

Name _____
Primary # _____ Secondary # _____

Medical Insurance Information: (optional)

Family Health Plan Carrier _____
Policy # _____
Family Doctor _____
Clinic _____
Phone Number _____

Medical Matters & Medication Information:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Of the following statements pertaining to medical matters please check only those that are applicable...

- In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at my given numbers, contact my child's listed emergency contact.
- In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Winona, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.
- No medication of any type, whether prescription or nonprescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.
- I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

MORE INFORMATION AND SIGNATURE ON REVERSE SIDE →

Medication Information: *(optional)*

Medication(s) my child is currently taking:

My child will bring all such medications necessary, and such medications will be well-labeled. Concise directions for seeing that my child takes the above named medications, including dosage and frequency of dosage is as follows:

Specific Medical Information:

- Allergic reactions?
- Physical limitations?
- Medically prescribed diet?
- Subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?
- Date of most recent tetanus/diphtheria immunization

- Other _____
- Has been recently exposed to contagious disease or conditions, such as: mumps; measles; chickenpox; etc... if so list date and disease/condition below.

Notes about anything above and/or anything else of which you would like us to be aware:

Parent/Guardian Signature _____ **Date** _____

Signature *(if subject is age 18+)* _____ **Date** _____

*This form is to be filled out/updated once a year and/or when any changes to the above information take place.
Pax Christi Catholic Church will take reasonable care to see that the information above will be held in confidence.
Attach a copy of your medical insurance card in case of emergency (optional).*

Office use only: _____ Date Submitted; Notes _____