

MEDICAL INFORMATION
CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/12)

Youth's Name: _____

Address: _____
(Street) (City, State, Zip)

Parent/Guardian
to Call in Emergency: _____
(Print Name) (Phone)

If Parent/Guardian
CANNOT be reached: _____
(Print Name) (Phone)

Family Physician: _____
(Print Name) (Phone)

Family Insurance Carrier: _____
(Print Name) (Phone)

Insurance Policy Number: _____

Are parents living together: Yes. No.

With whom does child live? Mother. Father. Other: _____

Is anyone, by court order or decree, designated as the sole, custodial parent? If so, list:

List anyone restrained from picking up child: _____

I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy):

List any medications your child is taking on a regular basis:

Should it become necessary, please list any instructions for care of the above:

Place "X" in box if it is **NOT** acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).

Parent/Guardian Signature

Date