HEALTH FORM

(this form is for your parish files only)

To be filled in and signed by <u>parents</u> of participants if under 18 To be filled in and signed by <u>participants themselves</u> if over 18

Participants Name:Last	
Last	Gender: (please select one)MaleFemale
My child has my permission to attend NC	CYC. Listed below are any physical conditions that the first aid personnel should know at child from attending NCYC and will be kept confidential by staff).
Heart condition Diabetes Police	O Convulsions Ear infection
Allergies: (explain)	
Immunizations: date of last tetanus/diphtl	heria/polio:
Dietary needs medically prescribed:	
Medications: My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing the child takes such medications, including dosage and frequency of dosage is as follows:	
my child, if deemed necessary.	otion medication (such as pain relievers, throat lozenges, cough syrup) to be given Date:
I understand that first aid will be availabl illness or injury develops, medical and/or injury or illness. I further understand that us, we give permission for emergency tre I am responsible for payment of any doct and/or hospital in that task we provide the	e at the event; that the participants will be closely supervised and that if a serious hospital care will be given. However, the staff is not responsible in case of accidental in case of serious injury or illness we will be notified, but if it is impossible to contact atment or surgery as recommended by attending physician. I further understand that or and/or hospital fees arising from the treatment of my child. To assist the doctor e following information:
	Date:
Address:	
	State & Zip:
Phone #: Cell ()	Work ()Home ()
Insurance Company Name:	
Name (Printed/Typed)	
	at you feel we should know concerning your child's trip to NCYC, please give as

Please attach a copy (front and back) of your insurance card to this form and return to your Parish by_____*It does not need to be returned to the Diocese.