

## HEALTH FORM

(this form is for your parish files only)

To be filled in and signed by parents of participants if under 18

To be filled in and signed by participants themselves if over 18

Participants Name: \_\_\_\_\_  
Last First

Birth date: \_\_\_\_\_ Gender: (please select one) \_\_\_ Male \_\_\_ Female

My child has my permission to attend NCYC. Listed below are any physical conditions that the first aid personnel should know (reporting such conditions will not prevent child from attending NCYC and will be kept confidential by staff).

Heart condition \_\_\_ Diabetes \_\_\_ Polio \_\_\_ Convulsions \_\_\_ Ear infection \_\_\_

Allergies: (explain) \_\_\_\_\_

Immunizations: date of last tetanus/diphtheria/polio: \_\_\_\_\_

Dietary needs medically prescribed: \_\_\_\_\_

Physical or mental limitations: (explain) \_\_\_\_\_

**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:

I hereby grant permission for **nonprescription medication** (such as pain relievers, throat lozenges, cough syrup) to be given my child, if deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that first aid will be available at the event; that the participants will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician. I further understand that I am responsible for payment of any doctor and/or hospital fees arising from the treatment of my child. To assist the doctor and/or hospital in that task we provide the following information:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone #: Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy # or Subscribers SS# \_\_\_\_\_

Subscriber's Birth Date: \_\_\_\_\_

Name (Printed/Typed) \_\_\_\_\_

If you have any additional information that you feel we should know concerning your child's trip to NCYC, please give as much detail as possible on the backside of this form.

**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.**