

CATHOLIC MUTUAL

HEALTH FORM

Name of Student:

Date of Birth:

Address:

Phone:

Age

Sex

Height

Weight

Social Security Number

EMERGENCY CONTACT PERSON:

Parent/Guardian Name:

Address (If different from student):

Phone (Home)

Work:

ALTERNATE CONTACT PERSON (Use someone near the primary contact)

Name:

Address:

Phone (Home) _____ Work:

IF YOU HAVE MEDIAL INSURANCE, YOUR CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY WHILE YOUR CHILD IS AT THE ACTIVITY.

Do you have health insurance? Yes No

Name of insurance company:

Policy #

Group #

In whose name is the insurance listed?

Do you have a family doctor? Yes No

If so, name and address:

Phone:

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

HEALTH HISTORY:

Any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

ALLERGIES

Hay Fever Heart Condition Diabetes Asthma Insect Stings
 Epilepsy/Nervous Disorders Frequent Stomach Upsets Physical Handicap

Any major illnesses during the past year:

Date of last Tetanus shot?

Contact lenses? Yes No

Any swimming restrictions? Yes No

What restrictions?

Any activity restrictions? Yes No

What restrictions?

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold _____, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent / Guardian Signature

Date

Signature of Student (If over 18 years of age)

Date

CATHOLIC MUTUAL GROUP
1201 East Highland Avenue
SAN BERNARDINO CA 92404- 4641
PHONE # 909-886-001 FAX # 909-883-9311