

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: <input type="checkbox"/> Yes. <input type="checkbox"/> No.
With whom does child live? <input type="checkbox"/> Mother. <input type="checkbox"/> Father. <input type="checkbox"/> 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>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.</i>

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:

<input type="checkbox"/> 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