



STUDENT

PARENT

initials date initials date initials date initials date initials date

Parents/Guardians, please update information at least each year, then initial and date above.

Youth Ministry INFORMATION/MEDICAL FORM Bellarmine Chapel

Name _____ male or female
Youth last formal-first middle name commonly used

address _____ birth date: _____
street city zip

e-mail _____ (Teen's) e-mail _____ (Parent's)

home phone: _____ cell phone: _____ * Youth's Soc. Sec # _____

Sacraments received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation
Year of High School Graduation 20__ __

Student's School _____ Current Grade (circle one) 7th 8th 9th 10th 11th 12th

Student's Medical Information: Doctor /Med Asso. _____ Phone _____

Allergies _____ Last Tetanus shot _____

Regular Medications _____

Chronic Conditions (e.g. epilepsy, diabetes, learning disorders) _____

[] If requested, my child may be given these non-prescription products (circle each approved):

Tylenol Advil Tums Pepto-Bismol Other _____ OR

[] NO MEDICATION of any type may be given to my child unless the situation is life threatening and emergency treatment is required.

Insurance Information: Member's Name _____ Phone (wk) _____

* Member's Birth date _____ * Member's Soc. Sec. # _____

* Social Security numbers are optional. Please note that some hospitals WILL NOT treat your son/daughter without them or the birth date of the insured.

Place of Employment _____ zip _____



A COPY of your INSURANCE CARD needs to be ATTACHED to this form

Which parent/guardian should be contacted with questions/opportunities for your son/daughter? ___Mom ___Dad ___Either

Name _____ Home Phone _____
Mother / Guardian last first

Address _____ #2 Phone _____
street city zip cell or work

Name _____ Home Phone _____
Father / Guardian last first

Address _____ #2 Phone _____
street city zip cell or work

Alternative emergency contact _____
name relationship to youth

address

cell, and work or home phones