
Last Name, First Name

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 *Bellarmino Chapel*

STUDENT

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

address _____ birth date: _____
street city zip

teen's e-mail _____ family home phone: _____

teen's cell phone: _____ T-Shirt Size _____

Year of **High School** Graduation **20** ____

Sacraments received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation

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 _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes, ADHD) _____

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.

Learning Disability: _____

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

Medical Insurance Co. _____ *Member's Soc. Sec. # _____ and * Birth date _____

Group# _____ Plan# _____ I.D.# _____

* Youth'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.

Insured's place of Employment _____ zip _____

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

Name _____ cell # _____ alt# _____
Mother / Guardian last first

e-mail _____ e-mail _____
Mother's Father's

Name _____ cell # _____ alt # _____
Father / Guardian last first

EITHER PARENT'S ADDRESS or HOME PHONE IF DIFFERENT FROM THE TEENS:

_____ Phone _____

Alternative Emergency contact _____
name relationship to youth

PARENT