

Ascension Catholic Parish Health Form

Please answer the following that apply to your son/daughter.

Name _____ Date of Birth _____

Address _____

Male ___ Female ___ Home Phone _____ Cell Phone _____

Is your son/daughter in general good health and able to participate in all normal activities?

Yes ___ No ___ If no, please submit a statement indicating limitations.

Family Physician or Clinic _____

Allergies: Yes ___ No ___ If yes, please specify: _____

Is your child currently taking any medication? Yes ___ No ___

If yes, please specify: _____

Do we have permission to dispense Tylenol, if needed? Yes ___ No ___

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in any program of Ascension Catholic Parish. In the event that I cannot be reached, I hereby give permission to the physician selected by an employee of Ascension Catholic Parish to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, as named herein.

Signature of Parent/Guardian _____

Date: _____ Cell Number: _____

Alternate Telephone Number: _____

Family Health Insurance Provider: _____

Policy Number: _____

Please return to:

Ascension Parish Office

Alec McGuire

Director of Communications and Youth