



**HEALTH INFORMATION**

EMERGENCY CONTACT: \_\_\_\_\_  
NAME AND PHONE NUMBER OF PERSON IF PARENT/GUARDIAN CANNOT BE REACHED

PRIMARY CARE PHYSICIAN: \_\_\_\_\_  
NAME PHONE NUMBER

MEDICAL INSURANCE CARRIER: \_\_\_\_\_  
NAME POLICY NUMBER

LIST ALL ALLEGIES (FOOD, MEDICATIONS, INSECTS, ETC.): \_\_\_\_\_  
\_\_\_\_\_

LIST ALL MEDICATIONS CURRENTLY TAKING (PRESCRIPTION & OVER THE COUNTER):  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL MEDICAL CONDITIONS DIAGNOSED BY A PHYSICIAN AND ANY PHYSICAL OR DIETARY LIMITATIONS:  
\_\_\_\_\_  
\_\_\_\_\_

In the event of any injury or illness to my/our child during his/her participation in St. Matthew's Religious Education Program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. Please **initial** all that apply.

\_\_\_\_\_ I give my permission to administer non-aspirin (Tylenol/Advil/Motrin/Aleve) to my son/daughter.

\_\_\_\_\_ I give my permission to administer anti-acids to my son/daughter.

\_\_\_\_\_ I give my permission to administer basic first aid (minor cuts, nosebleeds) to my son/daughter.

\_\_\_\_\_ I give my permission for a nurse or physician to give medications to my son/daughter.

\_\_\_\_\_ I give my permission to transport my son/daughter to a hospital if necessary.

\_\_\_\_\_ Please call parent for permission before administering any of the above.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_