

**St. John the Evangelist Catholic Community
Medical Information Form**

Grades 7-12

Must be on file for each youth attending youth meetings or field trips. PLEASE PRINT

Youth's Name _____

Parent/Guardian _____

Allergies to Mediations

Other Allergies

Other facts we should know

Name of physician _____

Phone _____

Insurance Company _____

Identification _____

Group # _____

Toll Free Number of Insurance Co _____

Does your youth have a medial condition that limits them in participating in any of the group's activities? _____

If yes, you must provide documentation from a physician advising of the limitations before your youth may attend any field trips.

Does your student need to take medications while with the Youth Ministry? _____

If yes complete the reverse side.

If your youth will be taking medications while attending a meeting or event with the parish Youth Ministry it should be accompanied by the original pharmacy instructions that includes the student's name. Please read the following paragraph and initial below.

I give permission to the chaperones, volunteers or other adult supervisors to administer the above-referenced medication to my child, and I release and hold harmless ST. John the Evangelist parish, Diocese of Orlando, and any of their employees, teachers, volunteers, agents and representatives from any injury or harm resulting from administering the medication.

Initials _____

I acknowledge that all the information provided is true and correct and will only be disclosed to the chaperones, volunteers or other adult supervisors attending the field trip and/or participating in regular youth meetings and any medical providers as needed.

Parent/Guardian Signature _____ Date _____

Photography Permission

I give permission for any photo/video taken during youth meetings or other events that may include my child to be used by the parish youth ministry for the purpose of displaying activities of the group for advertising future events. This permission remains in effect until such time as permission is rescinded in writing.

Parent/Guardian Signature _____ Date _____

Alternate Phone Contact Information

In case I am unable to be contacted during youth meetings or other events please contact the following person who will get any necessary information to me.

Name of Contact _____ Date _____