

St. Anthony Catholic Parish Religious Education and Youth Ministry  
HEALTH INFORMATION FORM

Please complete BOTH SIDES of this form and return it along with the Religious Ed. Registration Form.  
Medical information must be included for EACH child enrolled in the Religious Education or Youth Ministry  
classes at St. Anthony's, and must be received prior to the child's first attendance at class. (add pages as needed)

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

Please note any medical conditions (including any allergies, food or other):

\_\_\_\_\_  
\_\_\_\_\_

Please list any current or continuing medication for child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note any special needs (dietary or other)

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Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Address \_\_\_\_\_

Please note any medical conditions (including any allergies, food or other):

\_\_\_\_\_  
\_\_\_\_\_

Please list any current or continuing medication for child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note any special needs (dietary or other)

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Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Address \_\_\_\_\_

Please note any medical conditions (including any allergies, food or other):

\_\_\_\_\_  
\_\_\_\_\_

Please list any current or continuing medication for child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note any special needs (dietary or other)

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Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

Address \_\_\_\_\_

Please note any medical conditions (including any allergies, food or other):

\_\_\_\_\_  
\_\_\_\_\_

Please list any current or continuing medication for child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note any special needs (dietary or other)

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EMERGENCY CONTACT: In the event of an emergency, if parents cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

MEDICAL INSURANCE INFORMATION:

Insurance Company Name \_\_\_\_\_ Ph. # \_\_\_\_\_

Insurance Group/Certificate # \_\_\_\_\_

Primary Insured name: \_\_\_\_\_

Children will not be released to anybody other than parents, unless they are given permission from parents. If anybody other than parents will be picking your child(ren) up from class, please list below their name and their relationship to the child(ren).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I, the undersigned, hereby grant permission for my son(s)/daughter(s) to attend and participate in the Religious education and/or Youth Ministry programs at St. Anthony Parish in Laurel, Montana. I give permission for pertinent medical information, i.e. allergies, medical conditions, etc., to be divulged to catechetical staff and volunteers at St. Anthony Parish to ensure the safety and well being of my child(ren). If need arise, and I cannot be contacted or respond to emergency, I hereby grant permission for my child(ren) to be evaluated, diagnosed, medicated, and/or treated in accordance with standard medical practice by licensed medical personnel. I relieve St. Anthony Parish and the Roman Catholic Diocese of Great Falls-Billings, Montana, chaperones, or representatives associated with the Religious Education and/or Youth Ministry programs responsible in the event of an injury. Furthermore, I agree to accept any and all financial responsibility as a result of scheduling treatment for said injuries. My child(ren) agree to abide by all rules and regulations attached to any official event sponsored by St. Anthony Parish and/or the Diocese of Great Falls-Billings, Montana. I understand and accept that St. Anthony Parish and the Diocese of Great Falls-Billings will not be held liable if my child(ren) fail to cooperate with such regulations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_