

MEDICAL INFORMATION FORM

*For adult participants over the age of 18 and graduated from high school.
Valid for St. Mary Queen of Creation Youth Ministry 2019/20 program year*

Name: _____

Date of birth: _____ M___ F___

Address: _____ City: _____

Phone(s): _____

Emergency contact: _____ Relationship to you: _____

Emergency contact phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

PSI/MedRel/05-94
HAPS-March 2004

This completed form will be kept on file and is valid for all youth ministry activities of the 2018/19 program year.

Expires 06/30/20