

Name of Child \_\_\_\_\_ (use a separate form for each child please)

Program enrolled in: \_\_\_ Loreto \_\_\_ Edge \_\_\_ LifeTeen \_\_\_ Mission Trip Team

Medical History (please be as specific as possible)

Please indicate any medical conditions (physical or mental) that we should be aware of: i.e. diabetes, asthma, seizures, ADD, ADHD, etc...

Please list any current medications, dosage and times (for safety and security reasons, medications must be checked in at the designated area upon arrival at any program or retreat facility. The Youth Minister, Loreto coordinator, Core, Retreat Team and Chaperones are not responsible for medications not turned in at the beginning of any program or retreat.)

Please indicate any allergies to food, medicine, insects, animals etc....

Is your child up to date on his/her immunizations? \_\_\_\_\_

insurance Carrier \_\_\_\_\_

Policy holder \_\_\_\_\_

Policy # \_\_\_\_\_

Child's primary care physician \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Relationship to the youth \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Epi pen needed? Kept at office \_\_\_\_\_ location \_\_\_\_\_

Will bring weekly \_\_\_\_\_