

**MEDICAL INFORMATION FORM**

**Completed by Custodial Parent/Legal Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_;(other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_;(other Phone No.): \_\_\_\_\_

(See Activity Information Form below)

**ACTIVITY INFORMATION FORM**

**Completed by Parish/School -- Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. On-Going Program**

Parish/School \_\_\_\_\_ Program or Group \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Registration Fee \_\_\_\_\_

Usual Location \_\_\_\_\_ Usual day and time \_\_\_\_\_

Routine Activities \_\_\_\_\_

Group Leader \_\_\_\_\_ Telephone No. \_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

**B. One-Time Activity**

Parish/School St. Gaspar Family Parishes Activity YES service project

Location Emmanuel + various locations Emergency No. 9378857432 Cost 820

Starting Date and Time Fri June 7 6:00 pm Meeting Place Emmanuel

Ending Date and Time Sat June 8 4:00 pm Meeting Place Emmanuel

Activities Involved adoration, work at homes

Type of Transportation (if any) private transportation provided

Group Leader Tanya Lee Telephone No. 9378857432

Other Information \_\_\_\_\_

\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_