catholic schools
Diocese of Peoria
FAITH IN OUR FUTURE

MEDICAL INFORMATION

Academic Year: 2025-2026

STUDENT/MINOR NAME (first, middle, last):

Address: Date of Birth:

STUDENT/MINOR'S DOCTOR (first, middle, last): Phone:

MEDICAL CONDITIONS: Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.):

List any allergies or allergic reactions to medications of the student minor:

List any medications the student/minor is presently taking:

Other pertinent medical information:

Date of student/minor's most recent tetanus shot:

MEDICAL INSURANCE INFORMATION: Insurance Company:

Plan Number: Employee Identification#:

EMERGENCY CONTACTS: Parent or Guardian (first, middle, last name):

Cell: Work: Home:

Other Contact: Name (first, middle, last):

Phone (with area code): Relationship to student/minor:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the school/parish. A copy may be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, , [parent/guardian], understand that in case of illness or injury to my child, [child's name], the school/parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited tom, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian: Date: