

St. Joseph Programs Medical Information Form

Name of Participant _____

Phone: Home _____ Cell _____

Name, relationship & phone number of person to contact if parent cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Information

My child is allergic to the following foods or medications: _____

My child has a medical condition that you should be aware of:

Name of Physician _____ Phone _____

My child presently takes this medication:

You have my permission to give my child the following medication if necessary:

Medication & Dosage

Waiver of a Sports Physical

My, son/daughter _____ as far as I know is physically fit to participate in the St. Joseph summer basketball camp. I will not hold St. Joseph liable for any injuries incurred while participating.

Medical Release

If my emergency contact person or I cannot be reached, please seek medical treatment for my child in an emergency.

Parent's signature

Date