



SAINT THOMAS AQUINAS PARISH

103 Center St., Bridgewater, MA 02324, 508-697-9528

<http://www.stthomasaquinas.com/> or jenrosher@comcast.net

Adult Medical Form

Chaperone Information

Name_____

Date of Birth_____

Address_____

Gender_____

Phone_____

Spouse Information

Name_____

Phone (H)_____

(C)_____

Primary Physician or Clinic:

Name_____

Address_____

Phone_____

Insurance Information:

Insurance Carrier_____

Policy Carrier_____

Policy Number_____

Attach 2 copies of your insurance card

Medical Information:

Is the participant in general good health and able to participate in all the normal activities of an educational and recreational program? YES_____ NO_____

Are there any limitations to the activities in which you can participate? YES_____ NO_____

If YES, please explain:_____

Is there anything about your health that we should be aware of? YES_____ NO_____

If YES, please explain:_____

Please list any allergies your child has including food and medicine_____

Please list any medications (prescription & non-prescription) you are currently taking including dosage & frequency_____

Are you subject to any of the following?

Asthma_____ Fainting_____ Convulsions_____ Other_____

If any of the above answered “yes”, please submit a statement of how you have been treated and with what medications.

Date of last tetanus booster_____

In case of emergency, please notify the following person (other than spouse):

Name_____

Relationship _____

Daytime Phone Number_____

Nighttime Phone Number_____

Cell Phone Number _____

Signature

Date