SAINT THOMAS AQUINAS PARISH
103 Center St., Bridgewater, MA 02324, 508-697-9528
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# Teen Medical Form

## Student Information

Name_____ Date of Birth_____

Address_____ Gender_____

_____

Phone_____

## Parent Information

Mother's Name_____ Phone (H)_____

(C)_____

Father's Name_____ Phone (H)_____

(C)_____

## Family 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 your child participate? YES_____ NO_____
If YES, please explain:_____

Is there anything about your child's 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) your child is currently taking including dosage & frequency_____

Is you child subject to any of the following?
Asthma_____ Fainting_____ Convulsions_____ Other_____
If any of the above answered "yes", please submit a statement of how the person has been treated and with what medications.

Date of last tetanus booster_____

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

Name_____ Relationship to student_____

Daytime Phone Number_____ Nighttime Phone Number_____

Cell Phone Number _____

**Signature**

_____ _____
Parent/Guardian Date