



St. Francis de Sales Parish Youth Ministry 2013-14

**DIOCESE OF WILMINGTON
PARISH/INSTITUTION ANNUAL MEDICAL FORM**

Medical Information

Family Doctor		Phone	
Family Dentist		Phone	
Insurance Provider		Policy#	Acct./ID#

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items *ed above will not endanger the young person.*

***CYM requires that athletes be able to self-administer the epi-pen and/or inhaler without assistance.*

Current Prescription Medications	
Medicinal Allergies	
Food Allergies	

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
- Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____