

ST. MARY PARISH, VACATION BIBLE SCHOOL MEDICAL FORM

NAME OF CHILD OR CHILDREN

ALLERGIES (FOOD, MEDICINE, OR BEES) OR MEDICAL CONDITIONS

Date of Birth _____

Health Insurance Provider for Child

Policy Number

Name of Child's Physician

Phone

Parent Name

(H) Phone Number

Cell Phone

(W) Phone

****Emergency Contact Person in the event of a medical situation, where parent(s)/guardian (s) listed cannot be reached**

Name

Relationship

Phone Number

Cell Phone

****IF YOUR CHILD IS ALLERGIC TO PEANUTS, DO THEY NEED TO BE IN A SEPARATE AREA FOR SNACK? YES OR NO**

****PLEASE BRING A SNACK FOR YOUR CHILD IF THEY HAVE FOOD ALLERGIES. THANK YOU!**

I give permission in the event of an emergency, the Vacation Bible School nurse and staff to follow standard 911 procedures for transport to the nearest hospital if needed. _____

PARENT'S SIGNATURE