

**HOLY TRINITY MONASTERY SUMMER YOUTH PROGRAM
REQUIRED HEALTH FORM**

This health form must be completed by the parent or guardian of each Summer Youth Program attendee under the age of 18. If you have more than one minor child attending the Program, please fill out separate forms for each child.

Summer Program attendee's full name: _____
first middle last

Date of birth: ____/____/____
dd mm yyyy

Name of parent or guardian: _____
first middle last

Mailing address: _____

Email: _____

Phone (Day): _____ (Evening): _____ (Cell): _____

Emergency contact (if parent/guardian cannot be reached)

Name: _____ Relationship: _____
first middle last

Phone (Day): _____ (Evening): _____ (Cell): _____

Health Insurance (please attach a copy, front and back, of your insurance card)

Health Insurance Company: _____

Name of Insured: _____

Subscriber # : _____ Social Security # : _____

Group # : _____ Phone # : _____

Health History

Does your child suffer or has your child suffered from any of the following:

- Asthma ____yes ____no
- Diabetes ____yes ____no
- Seizures ____yes ____no
- Ear Infections ____yes ____no
- Food Allergy (list on back) ____yes ____no
- Drug Allergy (list on back) ____yes ____no

On the back of this form, please list any and all medications (including dosage) your child will be required to take while at the Monastery. If your child is bringing any medication, please label it with your child's name. Prescription medications should be in the original labeled bottle. If your child has any other medical problem please include details on the back.

Should my child require minor medical treatment (for headache, scrapes, coughs, burns, etc.) I give permission to the nursing staff of Holy Trinity Monastery Summer Youth Program to administer over-the-counter medicine and/or herbal products.

Signature of parent/guardian

date