## 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 attend	ee's full name:		
D. ( /	first	middle	last
Date of birth:/			
Name of parent or guard	ian: first	middle	last
Mailing address:		middle	
Email:			
Phone (Day):	(Evening):	(Cell):_	
Emergency contact (if ]	parent/guardian cannot be reache	ed)	
Name:	middle last	Relationship:	
first	middle last	(C-11).	
Phone (Day):	(Evening):	(Cell):_	
		ity # :	
Group # :	Phone # :		
Asthmayes Diabetesye Seizuresye Ear Infections Food Allergy (list Drug Allergy (list On the back of this form	esno esno yesno t on back)yes st on back)yes , please list any and all medicati		
should be in the original Should my child require	labeled bottle. If your child has minor medical treatment (for he	any other medical problem plea eadache, scrapes, coughs, burns, Program to administer over-the-	ase include details on the back.  etc.) I give permission to the
Signature of parent/guard	dian		date