



Diocese of Rochester
Youth Registration / Health Form 2018-2019

LAST NAME:	_____	FIRST NAME:	_____
ADDRESS:	_____		
CITY:	_____	STATE:	_____ ZIP: _____
HOME PHONE:	_____	CELL PHONE:	_____
EMAIL:	_____	GRADE:	____ SEX: F <input type="checkbox"/> M <input type="checkbox"/>
PARISH:	_____	LOCATION:	_____

MOTHER'S INFORMATION:	FATHER'S INFORMATION:
NAME: _____	NAME: _____
WORK PHONE: _____	WORK PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
EMAIL: _____	EMAIL: _____
ADDRESS: _____	ADDRESS: _____
<i>*IF DIFFERENT FROM TEEN</i>	<i>*IF DIFFERENT FROM TEEN</i>

EMERGENCY CONTACT IF PARENT / GUARDIAN IS NOT AVAILABLE:	
NAME: _____	RELATIONSHIP: _____
HOME PHONE: _____	CELL PHONE: _____

HEALTH INSURANCE CO: _____	POLICY NUMBER: _____
PRIMARY CARE PHYSICIAN: _____	PHYSICIAN PHONE #: _____

List any allergies or special needs/concerns/ dietary restrictions, health concerns:	List any medications (prescription and non-prescription) currently taking, including dosage:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

My child can receive the following medications from the Program Coordinator if needed: (please check boxes below).		
ASPIRIN YES <input type="checkbox"/> NO <input type="checkbox"/>	ACETAMINOPHEN YES <input type="checkbox"/> NO <input type="checkbox"/>	IBUPROFEN YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for the Diocese of Rochester to make use of pictures of my child for informational/advertising purposes only for Diocesan programs. YES <input type="checkbox"/> NO <input type="checkbox"/>		

I hereby certify that the above information is correct and give permission for my child to be transported in privately-owned vehicles for medical emergencies only, and for the release of medical records to an attending healthcare professional in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

Parent/Guardian Signature: _____ Date: _____