

Saint Thomas Aquinas University Parish
Medical & Personal Information for Parish Activities
 June 1, 2018 to August 31, 2019

FAMILY INFORMATION

Family Last Name _____

Parent First Names _____ (Father) _____ (Mother)

Street Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____ (Father) _____ (Mother)

Cell Phone _____ (Father) _____ (Mother)

EMERGENCY CONTACT INFORMATION

Name _____

Contact Number _____

Relationship to Children _____

INSURANCE INFORMATION

Insurance Company _____

Policy Holder's Name _____

Policy Number _____

Family Physician (Name and Phone) _____

CHILD INFORMATION

First Name (include last if different)	Date of Birth	Gender	Medical Information (please give details below)		
			Allergies?	Medication?	Other Physical or Emotional Conditions
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	