

**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