



VACATION BIBLE SCHOOL, 2009
 ST. JOHN THE EVANGELIST CHURCH
 ROMAN CATHOLIC DIOCESE OF ROCHESTER



HEALTH FORM

Family Name _____ Phone _____

Address _____

Town/City _____ Zip _____

Date of Birth _____

Parish/Location _____

Emergency Contact _____ Phone _____

Health Insurance Company _____ Policy No. _____

Family Physician/Clinic _____ Phone _____

Name of Child #1: _____

Please list any allergies or special needs. _____

Name of Child #2: _____

Please list any allergies or special needs. _____

Name of Child #3: _____

Please list any allergies or special needs. _____

Is there anything else we should know about your child(ren)?



In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.

In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian _____

Phone Number _____ Date _____