

**Ss Peter & Paul & Assumption BVM Ukrainian Catholic Churches**

**Medical Information**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Family Physician**

\_\_\_\_\_  
**Physician Phone**

\_\_\_\_\_  
**Hospital of Choice (if needed)**

**I am covered by hospitalization and medical insurance under:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Allergies, medical conditions, illnesses, physical handicaps, etc:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact in Case of Emergency During Event:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**