

SEARCH for Christian Maturity
Diocese of Fargo/Medical Form

Student Name (under 18) _____ **or**
Adult Name (18 and older) _____

Specific Medical Information: this information is for the adult directors on the SEARCH Weekend (Dori and Jim Picard). This information will be kept confidential.

- Allergic reactions (medications, foods, plants, insects, etc:) _____
 - Medically prescribed diet _____
 - Any physical limitations? _____
 - Any special medical conditions that we should be aware of to help facilitate a fruitful weekend experience? _____
 - Date of last tetanus/diphtheria immunization: _____
 - Have you been exposed to a contagious disease or condition, such as mumps, measles, chicken pox or influenza? If yes, what and when? _____
 - Are you taking any prescription medication at this time, and if yes, what time does it need to be taken (meal time, bed time, specific hours of the day) _____
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In the event that I should require medical treatment and am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name & Relationships (print) _____

Daytime phone: _____ Night time phone: _____

Family Doctor & Health System: _____

Health Insurance Carrier: _____ Policy #: _____

Signature (Adult 18 and older) _____ **Date:** _____

Additional signature for those under 18 years of age:

As parent and/or **legal guardian** of the above-named individual, I hereby grant permission, in the event of an emergency, to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. **YES/NO** (please circle one)

I also grant permission for non-prescription medication (such as aspirin, ibuprofen, throat lozenges) to be given to my child by either Dori or Jim Picard if deemed appropriate. **YES/NO**

I have reviewed the above medical information and find it to be correct.

Print name: _____

Signature (parent/guardian) _____ **Date:** _____