

ADULT - DUE DATE: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for the health of myself.

Emergency Medical Treatment: In the event of an emergency where I am unconscious, I hereby give permission for transport of myself to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact the below named person at the numbers listed.

Name & relationship: _____

Phone: _____ Medical doctor: _____ Phone: _____

Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Specific Medical Information: The parish will take care to see that this information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does you have a medically prescribed diet? _____

Any physical limitations? _____

Any other medical concerns you care to share. _____

Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

YES or NO

If so, list date and disease or condition: _____

Please indicate if you would like a shirt from list below
Costs for shirts are for small, medium, large, and XL - Please add \$ 2 XXL & \$3 XXXL

Short Sleeve T-Shirt: \$10 each * Long Sleeve T-Shirt: \$15 each * Hoodie Sweatshirt \$25 each

I would like a: _____ SS t-shirt _____ LS t-shirt _____ Hoodie | Size: s m l xl 2xl 3xl
(please check one) (please circle one)

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