

*Office of the Secretariat for Youth
Eparchy of Passaic*

ALTAR SERVER CONGRESS MEDICAL FORM

Please print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (with area code): _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____

Day Time Phone/Cell (with area code): _____

In Case of Emergency, Contact: _____

Relationship to Child: _____

Emergency Phone (with area code): _____

Family Physician: _____

Phone (with area code): _____

Medical Insurance Information

As recommended by the Pocono Medical Center

Name of Insurance Company, Mailing Address and Telephone Number:

Insurance Policy Number, Contract Number, Identification Number or Agreement:

Insurance Group Name and Group Number, if any:

Effective Date and/or Expiration Date:

Subscriber's Name (the person whose name is on the card): _____

Subscriber's Employer Name, Address and Telephone Number:

Camper's Name _____

List all allergies, especially to foods, medications and things likely to be found out of doors:

Enclose a copy of vaccinations or list names and dates of vaccinations received to date:

_____ Blood type (if known): _____

List any medical conditions for which your child is or has been under treatment; include medication, dosage, time, etc. Include any information you feel may be of assistance to the Camp Moderator.

Please specify any activities that your child should **NOT** be allowed to participate in for health reasons:

Camper's Name _____