



PERSONAL HEALTH

(To be filled out all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION:

Name _____ Date of birth _____ Age ____ Sex ____
 Name of parent or guardian _____ Telephone _____
 Home address _____ City _____ State _____ Zip _____
 Business address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT:

Name _____ Relationship _____ Telephone _____
 Name _____ Relationship _____ Telephone _____
 Name of personal physician _____ Telephone _____
 Personal health/accident insurance carrier _____ Policy No. _____

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

List any **medications to be taken at congress**, including drug, dosage, route (oral, injection, etc.), and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

I give permission for full participation in Vietnamese Eucharistic Youth Movement (VEYM) programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Participant's Signed Here _____
Date

Parent/Guardian Full Name: _____

Signature of Parent or Legal Guardian* _____
Date

(* If you are under 18, MUST BE signed by your parent or your guardian.