

**Salesian Boys & Girls Club
150 Byron Street
East Boston, MA 02128**

Medical & Emergency Form

(Please print all information)

Name _____ Date of Birth _____ Sex: _____ Age: _____

Home Address _____
Street City State Zip

Parent/Guardian _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Family Physician _____ Phone Number _____

Emergency phone contact information. In case I am not available in an emergency please contact:

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Health History/Immunization Record

(School or Doctor Records)

Diphtheria _____ Tetanus _____ Live Measles _____

Pertusis _____ Polio _____ Rubella _____

Mumps _____ TB Test _____ Hepatitis _____

Other diseases, allergies, medical problems, serious injuries:

Required Medication: _____

Hospital Release and Parent Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed summer program activities, excluding those noted above by me. In the event that I am unable to be reached in the case of an emergency, I hereby give my permission to the physician selected by the club summer program director to hospitalize, secure proper treatment for, and to order an injection, anesthesia or surgery for my child, as named above

Parent/Guardian Signature _____ Date _____

Hospitalization Insurance Co. _____

Identification # _____