

# Holy Spirit Church Winter Retreat 2023

**FULL NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **2023 MEDICAL INFORMATION** **(MUST BE FULLY COMPLETED)**

**MEDICATIONS:** PLEASE LIST ANY PRESCRIPTION OR DOCTOR  
PRESCRIBED OVER THE COUNTER MEDICATIONS YOUR CHILD IS  
USING:

Drug Name: \_\_\_\_\_ Dosage \_\_\_\_ per \_\_\_\_\_

Drug Name: \_\_\_\_\_ Dosage \_\_\_\_ per \_\_\_\_\_

### **ALLERGIES:**

Environmental (i.e. pollen, dust) \_\_\_\_\_

Medications \_\_\_\_\_

Food \_\_\_\_\_

DOES YOUR CHILD HAVE AN EPI-PEN? \_\_\_\_\_

Do they know how to administer it to themselves? \_\_\_\_\_

### **HISTORY:**

Medical History (be specific)

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Mental Health Information (be specific)

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(ALL INFORMATION IS KEPT PRIVATE)

