



Prayer & Action

St. Isidore's College Weekend

2017

Friday April 21- Sunday April 23

St. Isidore's Catholic Student Center - Manhattan, KS

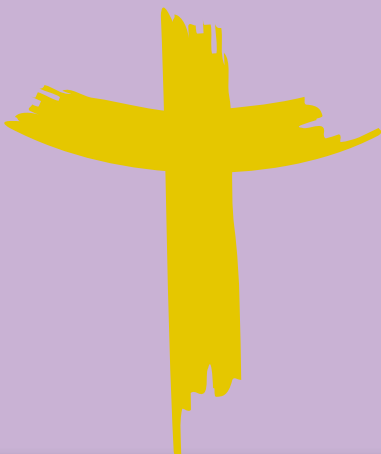
Name: _____

Address: _____

Cell Phone: _____

Email: _____

Please fill out the medical form and return it with your registration fee of \$20 by Monday April 10th. Make checks payable to St. Isidore's Catholic Student Center.



Return Forms and Fee to:

The Main Office

711 Denison Ave.

Manhattan, KS 6502

Or email this form to alutz@stisidores.com
and give your money to one of the interns
or the main office.



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Medical Information

Today's Date: _____

Participant's Name: _____ Date of Birth: _____

List below any physical condition doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____

Fainting spells: _____

Allergies: _____

Food Allergies: _____

Ear infections: _____

Asthma: _____

Seizures: _____

Heart Condition: _____

Diabetes: _____

Other: _____

Date of most recent Tetanus Shot: _____

MEDICATIONS

Allergic reactions to any drugs (be specific): _____

Prescribed medication now being taken

Type: _____ Dosage: _____ How often: _____

Type: _____ Dosage: _____ How often: _____

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____
