

YOUTH MINSITRY
MEDICAL RELEASE FORM

Name _____ Date of Birth _____

Address _____ Male Female

City _____ Zip _____

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Other Emergency Contact Name _____

Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Policy No. _____

If possible please provide a copy of the insurance card

Allergies/Medical Problems/Dietary Restrictions/Special Needs _____

List all conditions for which your child requires ongoing medication and state the type, dosage and frequency of medication given: _____

I hereby grant permission for non-prescription medication (such as aspirin, Tylenol or Ibuprofen) to be given to my child, if deemed appropriate. Yes No

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

In the event of a medical emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment.

I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I the parent/guardian authorize the youth activities supervisory personnel to secure the services of a licensed physician to provide the care necessary, including hospitalization, X-Ray examinations, anesthesia, injection, or surgery for my child's well-being.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I hereby agree to indemnify and hold harmless the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Monica Catholic Community and its officers, employees, and volunteer staff from any liability.

Parent/Guardian's Signature: _____ Date: _____