

Please print and complete all areas.

Student Name _____ Birth Date _____

Address _____ Home Phone _____

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our chaperones/youth leader can reach a parent or an emergency contact person (other than parent) for the student named above during scheduled practices, games or events.

1 Parent/Legal Guardian: _____ Cell/Work _____

2. Alternate Contact: Name/Relationship to teen _____

Phone _____

MEDICAL INSURANCE CARRIER: _____

Policy Holder's Name _____

Insurance ID Number _____ Group Number _____

MEDICAL INFORMATION:

Family physician's Name _____ Phone _____

- Date of last tetanus shot: _____
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:
Food _____ Drug _____ Animal _____
Other _____
- Does your child need to have our program activities limited in any way? (please explain)

- My child requires the following medicine: _____
Frequency _____

In case of Medical Emergency, 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 give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. John the Evangelist Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent/Legal Guardian Date _____

I hereby agree to indemnify and hold harmless St. John the Evangelist Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent or Guardian Signature

Phone

Date

MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for July 31st, 2021. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Name of Parent

Date