ST. MARK *the* EVANGELIST
CATHOLIC CHURCH

Annual Parental Medical Release

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBLIITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2010 UNTIL JULY 31, 2011** AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth's Name: _____

Parent or Legal Guardian's Name _____ Phone(s) _____

Emergency contact information: _____

Family Physician's Name: _____ Phone: _____

Insurance Co. Name_____ Medical Insurance: ID number_____

Group Number_____ Cardholder's Name_____

Health Information

List all medications taken daily and/or regularly: _____

_____

Youth/participant's allergies, if any, including medication and food allergies:_____

_____

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy):_____

_____

Youth/participant's other physical restrictions or dietary requirements (if any):_____

_____

Date of Tetanus:_____ Other medical:_____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

_____ _____

Signature of Parent/Guardian Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20___ who [ ] is personally known to me, or [ ] who produced the following as identification _____.

(SEAL)

_____

Signature of Notary Public

_____

Typed or printed name

Commission No. _____

Revised 9/4/09

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