

Our Lady of Perpetual Help

Annual Medical/Release Form May 2008 – June 2009

Child's Full Name: _____ T-shirt (Adult)Size: _____

Address: _____ City: _____

State: _____ Zip: _____ Child's e-mail address: _____

Phone: _____ Child's Cell Phone: _____

Grade: _____ School: _____ Date of Birth: _____

Persons to contact in case of emergency:

Name: _____ Home Phone: _____

Work Phone: _____

Name: _____ Home Phone: _____

Work Phone: _____

Insurance Company: _____ Name of Insured: _____

Policy Number: _____ Family Physician _____

Medical Conditions: _____

Allergies: _____

Medications: _____

I, the undersigned parent or guardian of _____ a minor, do hereby authorize the adult(s) representing Our Lady of Perpetual Help as my agents, to consent in case of a medical emergency to any examinations, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. An authorized parish adult agrees to contact the undersigned as soon as possible if any emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold the Our Lady of Perpetual Help, New Albany Deanery Youth Ministry Office, nor the Archdiocese of Indianapolis responsible for such and emergency.

As parent or guardian of the above named youth, I have hereby released the Archdiocese of Indianapolis, New Albany Deanery Parishes, Deanery Youth Ministries, parish staff and/or volunteer leaders from any claim, loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to any person or property during any outings or events. In case of a sickness, the adult in charge has my permission to secure medical attention for my child. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature _____ Date: ____/____/____

Home Phone: _____ 2nd Phone: _____