

Deanery Athletic Medical Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: ____/____/____

Another person 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: _____

Physician Phone Number: _____ Date of Last Tetanus Shot: _____

Allergic to: _____

Medications: _____

I, the undersigned parent or guardian of _____ a minor, do hereby authorize the adult(s) representing Deanery Athletics 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 an 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 Parish, New Albany Deanery Catholic Youth Ministries, nor the Archdiocese of Indianapolis responsible for such an emergency.

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

Work Phone: _____ Cell Phone: _____

NOTE TO COACHES: Please have this form present at every practice and competition throughout the season. After each season, the coach should turn this form over to the athletic rep so it may be passed on to the next coach as appropriate.

Physician's Certificate
New Albany Deanery Catholic Youth Ministries
Athletics Program

Prior to a youth participants' first practice in their chosen sport, he/she will have this form completed by their family physician and returned to their coach. This form verifies a physical examination indicating fitness for this young person to participate in athletics.

The forms must be completed each year at the beginning of the school year and is good for all sports during that school year. After each season, the coach should turn this form over to the athletic rep so it may be passed on to the next coach as appropriate.

I have examined _____

Parish _____

Heart: _____

Blood Pressure: _____

Lungs _____

Back _____

Extremities _____

Hernia _____

General Physical Condition _____

In my opinion the above named is physically capable of participating in Catholic Youth Ministries athletics.

Physician's Signature _____

Date _____