

ST. STEPHEN MARTYR YOUTH GROUP

ANNUAL MEDICAL RELEASE FORM/CONSENT TO TREATMENT FORM/LIABILITY WAIVER

Name of youth _____ Birthday _____

Male ____ Female ____ Current Grade ____ School _____

Youth Cell Phone _____ Youth E-mail _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone(s) _____

Parent Cell Phone _____ Parent Cell Phone _____

Medical Information: Is your child in good health and able to participate in normal activities? Yes ____ No ____
(Please submit a statement indicating limitations/disabling conditions needing accommodations.) A copy of the child's most recent medical examination results submitted to his/her school should be submitted.

Food Allergies: _____

Medicine/Other Allergies _____

Current Medications: _____

(Please notify us if your child has been exposed to any communicable diseases during the three weeks prior to an activity.)

Doctor Information: Family Physician Name _____ Phone No. _____

Insurance Info: Company _____ Policy No. _____ Group # _____

Emergency Contact (if Parent Cannot be Reached Name) _____

Phone No.(s) _____ **Relationship to Child** _____

In case of any medical or dental emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Group of the parish. If I cannot be reached, I hereby give permission for my child to be transported by ambulance to a hospital, and/or to be treated by a physician, and for the treatment of my child, including injection, administration of anesthesia or surgery for my child.

I, the undersigned, agree to liable and to pay all costs and expenses incurred in connection with such medical and dental treatment/services rendered to the above named child pursuant to this authorization. As partial consideration for my child's participation in the youth group, I hereby release, save harmless and indemnify the parish, the Archdiocese of Louisville, their employees, agents and volunteers from any and all liability for any and all injury that my child may sustain while participating in the youth group and/or being transported for medical/dental treatment.

Signature of Parent/Guardian

Date