

YOUTH MINISTRY ANNUAL MEDICAL CONSENT FORM
THIS RELEASE COVERS: September 1, 2011 through August 31, 2012

YOUTH/STUDENT: _____ Birthdate: _____

Address: _____

Home Phone: _____ Cell: _____

In case of an accident, injury or illness, I (we) give permission for my child to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of Saint Anne, employees, volunteers, chaperones, or other representatives of all responsibility and consequences that may arise because of this treatment. Further, I (we) agree to accept any and all financial responsibility due to scheduling such care.

PARENT/GUARDIAN: _____

Address: _____

Home Phone: _____ Cell: _____

PHYSICIAN: _____ Phone: _____

INSURANCE INFORMATION:

Insurance Company: _____ Policy: _____

EMERGENCY CONTACT : (If parent/guardian cannot be reached)

Name _____ Phone: _____

Relationship to Youth _____

MEDICAL INFORMATION:

Date of Last Tetanus Booster: _____

Allergies and/or other medical conditions: _____

My son/daughter must take the following medication (Indicate dosage and frequency): _____

SIGNATURE OF PARENT/GUARDIAN _____ **Date:** _____