

Our Lady of Victory Parish

Youth Faith Formation

EMERGENCY MEDICAL FORM AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!

Return form through the mail to the attention of Mrs. Joanne Pasko, Our Lady of Victory Parish,
73 North Avenue, Tallmadge, Ohio 44278, or drop off the form at the Parish Center Office.

I (we), the undersigned, parent(s)/guardians(s) of:

Child's Name

Home Phone

Level

Catechist

Address

City

State

Zip Code

do hereby authorize Our Lady of Victory Parish Formation Ministry as agents for the undersigned consent to transport our child to the hospital named below or to the nearest medical facility for emergency treatment deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed by law to practice.

This authorization will remain in effect from September 14, 2025 to April 26, 2026 Formation Ministry Year unless revoked sooner in writing and delivered to said agent(s).

SIGNATURE OF PARENT(S) OR LEGAL GUARDIANS(S):

(Signature Parent or Legal Guardian)

Cell Phone

E-mail Address

Date

(Signature of Parent or Legal Guardian)

Cell Phone

E-mail Address

Date

HOSPITAL: _____ EMERGENCY PHONE: _____

FAMILY PHYSICIAN _____ PHONE _____

MEDICATIONS (CURRENT) _____

ALLERGIES: _____

ADDITIONAL INFO: _____

**NO CHILD CAN BE ADMITTED TO FORMATION SESSIONS UNTIL THIS EMERGENCY
FORM IS SIGNED AND RETURNED TO THE PARISH!**