

HOLY FAMILY CATHOLIC CHURCH
High School Annual Medical Release Form
July 1, 2012 – June 30, 2013

NAME _____ DATE OF BIRTH _____
ADDRESS _____ CITY _____ ZIP CODE _____
PHONE _____ E-MAIL _____ SCHOOL _____ GRADE _____
MOTHER'S NAME/WORK PHONE _____ CELL PHONE _____
FATHER'S NAME/WORK PHONE _____ CELL PHONE _____
PARENT'S E-MAIL _____

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INSURANCE COMPANY _____ POLICY NO. _____
FAMILY PHYSICIAN _____ PHONE NO. _____
ALLERGIES _____
PRESCRIPTION MEDICATIONS _____

Emergency contact other than parents:

NAME _____ PHONE _____

MEDICAL RELEASE AND LIABILITY WAIVER:

As a parent or guardian of the above named youth, I hereby release the Archdiocese of Indianapolis, Holy Family Parish, the New Albany Deanery Catholic Youth Ministries, Holy Family Staff and 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 youth ministry activity. I hereby authorize adults representing Holy Family Parish as my agents, to consent in case of 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. 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.

PERMISSION TO USE PHOTOGRAPHS OF YOUTH:

As a parent or guardian of the above named youth, I hereby give permission for photographs taken during youth events to be used in local newspapers and on the Holy Family Parish Website to promote youth ministry for Holy Family Parish and Deanery Youth events. (If you do not wish to have your youth's photographs published, please write "DENIED" across this paragraph.)

Parent/Guardian Signature

Date