

OUR LADY OF GUADALUPE
YOUTH MINISTRY PROGRAM
MEDICAL INFORMATION & LIABILITY RELEASE

Please print and complete all areas.

Name _____ Birth Date _____
First Initial Last

Address _____ Home Phone _____
Street City

_____ Cell Phone _____
State Zip

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Cell _____ Work _____

Emergency Contact: Name _____ Phone _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance Group Number _____

MEDICAL INFORMATION:

- Family physician's Name _____ Phone _____
- Date of last tetanus shot: _____
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:
Food _____ Drug _____
Animal _____ Other _____
- My child requires the following medicine: _____ Frequency _____
- My child has permission to be given Tylenol or Ibuprofen if they request it.
_____ Yes _____ No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless _____ Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

_____ Date _____

Signature of Parent or Legal Guardian

THIS FORM MUST BE RETURNED FOR REGISTRATION TO BE COMPLETED.