

HEALTH INFORMATION & RELEASE FORM

PLEASE PRINT

&

ALL AREAS OF THE FORM MUST BE COMPLETED!!!

PARTICIPANT _____

GRADE IN SCHOOL _____

PARENT/GUARDIAN NAME _____

ADDRESS (STREET/CITY/STATE/ZIP) _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

MEDICAL INSURANCE _____ POLICY # _____

DATE OF BIRTH ____ / ____ / ____ COUNTY/STATE OF BIRTH _____

ANY ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS,
MEDICAL CONCERNS OF WHICH WE SHOULD BE AWARE: _____

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE. IN CASE OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED, **I HEREBY GIVE PERMISSION** TO THE ATTENDING PHYSICIAN TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FROM MY CHILD. MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE CATHOLIC DIOCESE OF CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY STAFF AND CHAPERONES WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR LOSS OF PROPERTY.

PARENT SIGNATURE _____ DATE _____

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE. IN CASE OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED, **I DO NOT GIVE PERMISSION** FOR TRANSPORTATION, OR MEDICAL ATTENTION FOR MY CHILD. MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE CATHOLIC DIOCESE OF CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY STAFF AND CHAPERONES WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR LOSS OF PROPERTY.

PARENT SIGNATURE _____ DATE _____