

*Parish Name:* St. Frances Cabrini  
*Parish Address:* 5030 Mariner Blvd  
*Parish Phone Number:* (352) 683-9666



IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 2015 UNTIL AUGUST 2016** AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth's Name: \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Medical Insurance: ID number \_\_\_\_\_

Group Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

**Health Information**

List all medications taken daily and/or regularly: \_\_\_\_\_

Youth/participant's allergies, if any, including medication and food allergies: \_\_\_\_\_

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): \_\_\_\_\_

Youth/participant's other physical restrictions or dietary requirements (if any): \_\_\_\_\_

Date of Tetanus: \_\_\_\_\_ Other medical: \_\_\_\_\_

**Other medical treatment:** In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

**My child may be given:** Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**STATE OF FLORIDA, COUNTY OF** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ who [ ] is personally known to me, or [ ] who produced the following as identification \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed or printed name

Commission No. \_\_\_\_\_