

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. _____