

Medical Information

St. Jerome Catholic Church 10895 Hamlin Blvd. Largo, FL 33774 (727) 595-3100

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 DATE SIGNED** FOR ALL EVENTS THROUGHOUT THE FAITH FORMATION AND YOUTH MINISTRY PROGRAM. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NEEDED EACH YEAR.

Youth's Name (Last): _____ (First): _____

Parent/Legal Guardian's Name: _____ Phone # _____

Emergency contact Name: _____ Phone # _____

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.

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

Revised 7/28/2016