Catholic Archdiocese of Atlanta **Middle and High School only** Youth Annual Medical Release

St. Mary Magdalene Catholic Church

This Medical Release is good for the period of one year; beginning August 1, 2017 – July 31, 2018.
Should your insurance coverage change, please fill out a new form and return to us.

Name of middle or high school youth:_____Date of Birth:_____

Address:_____City_____Zip_____home phone_____cell phone_____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____Name of Policy Holder _____

Relation to participant _____Policy Number _____Group Number _____

Signature of Parent / Guardian _____Date _____

Father/Guardian's full name:_____

Phone #:_____ Cell #_____

Home address:_____

Name of business/work address:_____ Phone #: _____

Mother/Guardian's full name:___

Phone #:_____ Cell #_____

Home address:_____

Name of business/work address:_____ Phone #:_____

Name of Participant _____

- **I hereby grant permission for non-prescription medications to be given, if deemed appropriate. Yes or No**

Medications: My child is taking the following medication(s): please us the back of this form for additional medications_____(check here if using other side)

Description _____Dosage _____ Description _____Dosage _____

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(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____