

BLESSED JOHN XXIII YOUTH GROUPS
EMERGENGY MEDICAL RELEASE FORM

My son/daughter, (print name) _____ has my permission to Attend events sponsored by Blessed John XXIII Parish Youth Group and the Toledo Diocese Youth & Young Adult Ministry Office. As the youth's parent or legal guardian, I release the Parish and any associated person(s) or agency from any claims in consideration for the opportunity to participate in these activities.

Youth's Name _____ **Date of Birth** _____

Youth's Address _____ **City** _____ **State** _____ **Zip** _____

Youth's Home Phone# _____ **Youth's Cell #** _____ **Youth's E-mail address** _____

PRINT Name of Parent/Legal Guardian _____

Home Address of Parent/Legal Guardian _____ **City** _____ **State** _____ **Zip** _____

Home Phone # of Parent/Legal Guardian _____ **E-mail address of Parent/Legal Guard** _____

(Fill out either Part 1 OR Part 2, not both)

Part 1: To Grant Consent

In case of an emergency, I can be reached at:

Name: _____ **Phone/Cell** _____

Relationship to youth _____

Secondary contact: _____ **Phone/Cell** _____

Relationship to youth _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for

1. the administration of any treatment deemed necessary by the named doctor, or , in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and
2. the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

If my child has any prescription medication, or allergies to medications, I have listed them below. I also hereby give my permission to the physician selected by the attending hospital to secure proper treatment for and to order injections, anesthesia or surgery for my son/daughter in the event I cannot be reached in an emergency.

I hereby give consent for the following medical care providers and local hospitals to be called:

Physician: _____ Phone: _____

Specialist: _____ Phone: _____

Dentist: _____ Phone: _____

Local Hospital: _____ Urgent Care: _____

Insurance

Hospitalization Company: _____

Name of Policyholder: _____ Pol #: _____

Group Number: _____

My child's Birthdate is _____ Child's SSN is _____

Child is covered under this hospitalization policy: YES _____ NO _____

Please list all medications child currently takes: _____

Please list any allergies to medications, food, animals, environment or other allergies: _____

Please list any condition for which the youth is treated on an ongoing basis: _____

Please list any other medical history, to which a physician may need to be alerted:___

I fully understand what is involved in the foregoing form, and I understand that I have the opportunity to call the Blessed John XXIII Youth Ministers with any questions I may have.

Signature of Parent/Legal Guardian

Date

Signature of Youth

Date

Part 2: Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following actions:

I fully understand what is involved in the foregoing form, and I understand that I have the opportunity to call the Blessed John XXIII Youth Ministers with any questions I may have.

Signature of Parent/Legal Guardian

Date

Signature of Youth

Date

