

**Authorization for Emergency Medical Treatment and Release of All Claims
Sacred Heart Church Youth Ministry**

Location _____
DATE AND TIME _____

Child's Name _____ Birthdate _____ Sex: M F
(first name) (last name)

Home Address: _____

Home Phone: _____

Father/Guardian _____ Cell/Work Phone _____

Employer _____

Mother/Guardian _____ Cell/Work Phone _____

Employer _____ Cell/Work Phone _____

Emergency Contact: _____ Phone _____

I give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, a licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Do you have medical/hospital insurance? Yes No

If yes: Company _____ Policy/Group # _____

Food/Drug Allergies: _____

Any Medical Condition? _____

Is the child taking any medication prescribed by a doctor now? Yes No

If yes, please list: _____

Release of All Claims:

In consideration for the permission granted to the above named child by SACRED HEART CATHOLIC PARISH to participate in Youth Ministry Event, I hereby release the Bishop of the Diocese of Baker, the Diocese of Baker, Sacred Heart Catholic Parish, its agents and employees from all action, causes of action, or damages claims, demands which I, my heirs, executors, administrators, or assigns may have against the Diocese of Baker and other above described parties, for all personal injuries or to their claims for relief known or unknown which said child or ward has or may incur by participating in the above described activity and which would normally occur as an assumed risk or participating in said activity. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness thereof, I have executed this release on _____

(date)

Adult/Parent/Guardian Signature _____