

Medical Release Form

I give my permission for my son/daughter, _____
Name of Participant

To attend the events and activities of _____ C.Y.M.
Name of Parish

To: Any Physician, Hospital or Authorized Health Care Facility

From: The Parent(s) or Guardian(s) of: _____
Name of Participant

Re: Emergency Health Services

This is to certify, in the event of my unavailability, any adult sponsor or adult advisor of
_____ is authorized to sign any permission slips or any
Name of parish
other authorization required in connection with such care.

Date: _____
Signature of parent(s) or Guardian(s)

Essential Information:

Insurance Carrier: _____

Policy Carrier: _____

Known Allergies: _____

Prescription/Non-prescription Drugs being taken: _____

Date of last Tetanus booster: _____

Any medical conditions which should be noted: _____

Emergency Phone Number: _____

Emergency Phone Number: _____