

**2016-17 EMERGENCY MEDICAL RELEASE FORM and PERMISSION FORM  
ST. MICHAEL YOUTH MINISTRY**

A current emergency medical form must be on file in order to participate in St. Michael the Archangel Parish Youth Ministry events. Forms are kept on file for one year and must be updated annually at the beginning of the academic year. Please return completed forms to:

St. Michael the Archangel Parish, attn. Alyssa Brown  
750 Bright Road, Findlay, OH 45840

**YOUTH NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**YOUTH CELL PHONE** \_\_\_\_\_ **YOUTH EMAIL** \_\_\_\_\_

In an emergency, St. Michael Youth Ministry will **FIRST** attempt to contact the Parent/Guardians:

**MOTHER'S NAME** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

If St. Michael Youth Ministry **CANNOT** reach the above, please list other person(s) who may be notified and to whom your child may be released:

**EMERGENCY CONTACT #1** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**EMERGENCY CONTACT #2** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**CONSENT OR REFUSAL TO CONSENT TO EMERGENCY TREATMENT**

**PLEASE INITIAL BOX AND COMPLETE SECTION FOR GRANTING CONSENT FOR TREATMENT:**

In the event that reasonable attempts to contact PARENT/GUARDIANS were made, I/we do hereby consent for:

The administration of any treatment deemed necessary by:

- (1) Dr. \_\_\_\_\_ (preferred physician) at the following phone# \_\_\_\_\_  
Dr. \_\_\_\_\_ (preferred dentist) at the following phone# \_\_\_\_\_  
Dr. \_\_\_\_\_ (preferred medical specialist) at the following phone# \_\_\_\_\_

Or in the event the preferred physician or dentist is not available, consent is given for treatment by any licensed physician or dentist and:

- (2) The transfer of the child to \_\_\_\_\_ (preferred hospital) or 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 for such surgery are obtained prior to the performance of such surgery.

The following are facts concerning the child's medical history including allergies, medications being taken, medical conditions and any physical impairment to which the physician(s)/dentist(s) should be alerted:

**EXISTING MEDICAL CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Name of Policy Holder \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**PLEASE INITIAL BOX IF YOU REFUSE TO CONSENT TO EMERGENCY TREATMENT**

I/we do not give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment I/we wish that St. Michael Youth Ministry program take no action or to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO PARTICIPATE IN YOUTH MINISTRY PROGRAMMING AND ASSUMPTION OF LIABILITY**

By signing as a parent or legal guardian, I give \_\_\_\_\_ my **permission** to participate in St. Michael Youth Ministry activities and trips. I agree to assume full responsibility for bodily injury, loss of personal property, and expenses thereof, if they should occur as the result of my youth's negligence. In consideration for my youth's participation, I further agree not to hold St. Michael Church, the Coordinator of Youth Ministry, or Youth Ministry Volunteers to claims of ordinary negligence. I also understand and agree that photos or videos taken at functions sponsored by St. Michael Parish may be posted on the parish website and social media accounts.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent or **legal** guardian)

Address: \_\_\_\_\_