

MEDICAL CONSENT AND RELEASE FORM

Sacred Heart Youth Ministry

517 West 10th Street, Medford, OR 97501

Name _____ Age _____
Parish _____ City _____

PARENT

I, _____, the undersigned, give permission for my child _____ to attend _____ to be held on _____ at/in _____ and if needed, to be evaluated, diagnosed and/or treated in accordance with standard medical practice by licensed medical personnel. I relieve the Southern Oregon Vicariate, the Office of Youth Ministry and the Archdiocese of Portland of all responsibility and consequences that may arise as the result of this treatment.

I will not hold Sacred Heart Parish, the Office of Youth Ministry or the Archdiocese of Portland, chaperons, or representatives associated with the event responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations attached to the event. I understand that Sacred Heart Parish, the Office of Youth Ministry or the Archdiocese of Portland will not be held liable if my child fails to cooperate with said regulations.

YOUTH

As a participant in Sacred Heart's Youth Ministry, I understand and agree that the use of and/or the possession of alcohol and/or drugs is not acceptable behavior. If I should be found in possession of and/or using such substance, I understand and agree that I will notify my parent or guardian at the time of discovery and that I will be sent home at my own and/or my parent's expense.

MEDICAL INFORMATION

Allergies _____ Medication being taken _____

Date of last tetanus shot _____ Physical Impairments _____

Insurance Policy Name _____ Subscriber Name _____

Policy # _____ Family Physician & Phone # _____

Emergency Contact: Home _____ Work _____ Friend or Relative _____

Parent/Guardian Signature

Date

Student Signature

Date