



Diocese of Grand Rapids / Holy Family Parish
******STATEMENT OF MEDICAL RELEASE ******
Original Form is Needed—Do not fax.



ALL FAMILIES must complete this form, including any child from early childhood through high school who may register for any Holy Family program or event and is still under parents/guardians' medical insurance.

| FAMILY MEDICAL RELEASE INFORMATION | | | | |
|---|---|-----------------|--|--|
| Family's Last Name | Home Phone # () | Street Address | City | State ZIP |
| Father's Name | Father's work # () Father's Cell # () | Mother's Name | Mother's Work # () Mother's cell # () | |
| Health Insurance Company: | Group #: | Policy #: | Contact Person: (Only if Ins. Co. requires) | |
| Family Physician: | Phone: | Address | | |
| If divorced, who is the custodial parent? Father Mother Other _____ | In case of emergency, parents will be called first. If you are unavailable, please name an adult who will assume responsibility for your child (include phone): | | | |
| Full Name of Child | Gender | Grade Fall 2011 | Age | Learning Social & Health Concerns: allergies/meds/emotional/ADD/ADHD /reading/ learning/ dietary/ physical |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child/ren listed above in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the *physician* selected by the activity leader to secure medical treatment for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Faith Formation/Youth Ministry programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Holy Family Parish, Caledonia, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Parent/Guardian signature: X _____

(This form will be kept on file into the Fall of 2012)