

HEALTH INFORMATION & RELEASE FORM

PLEASE PRINT

&

ALL AREAS OF THE FORM MUST BE COMPLETED

PARTICIPANT _____
GRADE IN SCHOOL _____ T-SHIRT SIZE _____
PARENT/GUARDIAN NAME _____
PARENT'S EMAIL _____
ADDRESS (STREET/CITY/STATE/ZIP) _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____
FAMILY PHYSICIAN _____ PHONE _____
FAMILY DENTIST _____ PHONE _____
MEDICAL INSURANCE _____ POLICY # _____
DATE OF BIRTH ____ / ____ / ____ COUNTY/STATE OF BIRTH _____
ANY ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS,
MEDICAL CONCERNS OF WHICH WE SHOULD BE AWARE: _____

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE.
IN CASE OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED,
I HEREBY GIVE PERMISSION TO THE ATTENDING PHYSICIAN TO HOSPITALIZE, SECURE
PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FROM MY
CHILD. MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE
CATHOLIC DIOCESE OF CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY
STAFF AND CHAPERONES WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR
LOSS OF PROPERTY.

PARENT SIGNATURE _____ DATE _____

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE.
IN CASE OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED,
I DO NOT GIVE PERMISSION FOR TRANSPORTATION, OR MEDICAL ATTENTION FOR MY
CHILD. MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE
CATHOLIC DIOCESE OF CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY
STAFF AND CHAPERONES WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR
LOSS OF PROPERTY.

PARENT SIGNATURE _____ DATE _____