

**CHURCH OF THE REDEEMER  
CHILDREN & YOUTH ANNUAL MEDICAL RELEASE FORM  
2011/2012**

Participant's Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Today's date \_\_\_\_\_ Redeemer Parish Member Yes No

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Relationship to Policyholder \_\_\_\_\_

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

Family Physician \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT \_\_\_\_\_**

Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your son/daughter have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:

Is he/she presently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:

**Is there any other physical or emotional condition of which we need to be aware?  
Please explain.**

**In the event of an emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.**

\_\_\_\_\_  
**Parent /Guardian Signature**

\_\_\_\_\_  
**Date**

PLEASE NOTIFY NANCY CROSBY AT **746-4911 x2211** IF THE INFORMATION ON THIS FORM CHANGES. All forms will be shredded after July 31, 2012.

