

ROMAN CATHOLIC DIOCESE OF ROCHESTER

MEDICAL CONSENT, PERMISSION AND RELEASE FORM

I, _____, the parent or legal guardian of _____
(Name of Parent/Guardian) (Name of Youth)

authorize the employees, representative and chaperones of _____ parish to
obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in
_____, on ____/____/____.
(Activity/Program)

I understand that I will be notified immediately should it become necessary to obtain emergency treatment.
The person(s) who should be notified and the telephone number(s) are:

Name _____ Phone Number _____
Name _____ Phone Number _____

I consent and give permission for my child's participation and attendance in this activity/program. In
consideration of my child's attendance and participation, I hereby, for myself, my heirs, executors,
administrators and assigns, waive and release any and all claims for damages I may have against
_____ Parish, the Roman Catholic Diocese of Rochester, New York,
their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my
child while participation in this activity/program.

Date ____/____/____ Signature _____

=====

As a youth of _____ Parish, I understand and agree to follow the rules and
regulations as determined by the Parish, and the Diocese of Rochester for this activity/program. I also
understand and agree that I will notify my parent or guardian at the time of any violations requiring my
dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's
expense.

Parent/Guardian
Signature _____
Date ____/____/____

Youth Participant
Signature _____
Date ____/____/____

ROMAN CATHOLIC DIOCESE OF ROCHESTER

HEALTH FORM

Name of Participant _____ Phone _____

Address _____

Town/City _____ Zip _____

Date of Birth _____

Parish/Location _____

Emergency Contact _____ Phone _____

Health Insurance Company _____ Policy No. _____

Family Physician/Clinic _____ Phone _____

Please list any allergies or special needs.

Is there anything else we should know about your child?



In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.

In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian _____

Phone Number _____ Date _____

