

Medical Authorization Form
St. James the Apostle Catholic Church
8400 Monarch Drive • Port Richey, Florida 34668 • 727-869-3130

To Whom It May Concern:

In the event of an accident or injury during a parish sponsored youth ministry meeting or event, the parent/guardian, or other person designated shall be contacted at the contact information given below. In the event the parish is unable to reach the parent/guardian, or other person designated, then the undersigned authorize(s) the parish and its representatives to contact my child's physician and/or make arrangements for immediate emergency treatment. Payment of any costs or fees for all medical services will be the responsibility of the undersigned. **This medical authorization is valid for one (1) year from _____ (month, date, year) or until revoked in writing.** The undersigned agrees that this medical authorization shall apply to all meetings and events sponsored by the youth ministry of the parish throughout the year. The undersigned agrees to update the information contained on this form as necessary.

Youth Name: _____ Phone: _____

Family Physician's Name: _____ Phone: _____

Medications taken daily and/or regularly: _____

Allergies: _____

Health Problems: _____

Date of Last Tetanus: _____ Other Medical: _____

Insurance Information: Insurer: _____ Group#: _____

Other Medical Treatment

In the event it comes to the attention of the parish representatives, volunteers, or employees, that my child becomes ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to myself).

My child may be given:

Tylenol (yes/no): _____ **Ibuprofen**(yes/no): _____ **Throat Lozenges**(yes/no): _____ **Benadryl**(yes/no): _____

STATE OF FLORIDA COUNTY OF _____

Signature of Parent/Guardian Date

The foregoing was acknowledged before me this _____ day of _____, 20 _____

By _____

Personally Known OR Produced Identification _____

Notary Seal and/or Stamp _____
Signature of Notary