

**PARISH YOUTH MINISTRY PROGRAM
MEDICAL AUTHORIZATION FOR MINOR
(NOT REQUIRED FOR ADULT PARTICIPANTS)**

PARISH: _____ PHONE: _____

NAME OF MINOR: _____ D.O.B. _____

HOME ADDRESS: _____

PARENT/GUARDIANS: _____ / _____

PHONE #s: WORK _____ / _____ HOME: _____ CELL _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet needs, special medication, physical impairments, blood type, health conditions or any other information necessary in an emergency situation. Explain fully:

Minor's Primary Care Physician: _____ Phone: _____

Address: _____

In case of illness or injury of the above minor, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency when these parties cannot be reached/are not available, I (we) authorize the parish and other diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a physician licensed in the State in which treatment is sought. This authorization is valid for a period of 1 year from the date of execution. I (We) agree to assume financial responsibility for any medical treatment provided to the above minor and a copy of any applicable health insurance card is attached.

Please wait to sign before a notary public:

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

A photocopy of this form shall be valid as the original for those acting in reliance upon this Authorization.

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____ and _____
who, being duly sworn, did represent under oath that he/she/they are the parent(s) and/or legal guardian(s) of
the above named minor and he/she/they did sign this Medical Authorization and Parent/Guardian Consent,
Release of Liability and Indemnification this _____ day of _____, _____.

Personally known to me _____ or _____

Produced _____ and _____ as identification.

Notary Public
My Commission Expires: