

Please sign and date here if your child's / children's medical information has not changed in the past year.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**ANNUAL MEDICAL RELEASE FORM  
2009-2010**

PARISH \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

SEX: M or F DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAMES \_\_\_\_\_

PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

INSURANCE CO \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_

RELATIONSHIP TO POLICY HOLDER \_\_\_\_\_

POLICY # \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

**MEDICAL INFORMATION**

1. Does your child have any allergies? \_\_\_ Yes \_\_\_ No

If "yes", please list

2. Does your child have medication of any type with them?

If "yes", please list.

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

Please explain.

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

Parent/guardian signature: \_\_\_\_\_

Date \_\_\_\_\_