

Medical Release Form

Name of Participant _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Medical and Insurance Information

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

- None
- Allergies
 - Insects _____
 - Medicines _____
- Asthma
- Bronchitis
- Diabetes
- Dizziness
- Heart Trouble
- Kidney Trouble
- Sinusitis
- Stomach Upset
- Other _____
- Immunizations
 - Tetanus: Date received _____
 - Typhoid: Date received _____

List any prescription drugs the student will be taking while on trip; state frequency and dosage for each.

Emergency Contact other than parent/guardian _____ Phone _____
Relationship _____

Release

I, _____, will be traveling to _____
with members of the Diocese of Northwestern Pennsylvania from (dates) _____.

- I do hereby verify that the information below is correct and grant permission for the church to obtain medical attention in case of sickness or injury to myself.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for my welfare.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting me to and from the activities.
- I agree to provide medical insurance for myself.

Signature of Participant _____ Date _____

Notary

Commonwealth of Pennsylvania

County of _____

On this _____ day of _____, 20____, _____ (parent/guardian) personally appeared before me, with identification made by _____ (state) drivers license number _____ and, in my presence executed the within and foregoing medical release form.

In witness whereof I have hereunto set my hand and seal the day and date first above set forth.

_____(SEAL)

Notary Public