

# **SAINT JAMES YOUTH MEDICAL RELEASE AND PARENT PERMISSION FORM**

(This form must be completed and signed by youth's parent or youth will not be allowed to attend.) (Please Print)  
(If any changes occur in this information, please submit a new up-to-date medical form, signed and dated)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First, Middle Initial, Last)

Address: \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians names & phone numbers where parents can be reached during this activity (Day & Night):

\_\_\_\_\_

Alternate Emergency Contacts (include name, relationship, & phone numbers)

\_\_\_\_\_

Family Doctor/Clinic \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier, policy numbers, and phone number \_\_\_\_\_

\_\_\_\_\_

List any medications you are taking: \_\_\_\_\_

List all Allergies:(medication, food, materials, bee stings, etc)(**Be Specific!**) \_\_\_\_\_

Bring with you antidote for allergies(Specify): \_\_\_\_\_

List any health conditions which would limit your activity: (Asthma, recent operation, heart trouble, motion sickness, hernia, back trouble, etc.) \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Swimming Ability (circle one): non-swimmer weak average strong

Are you certified for: (circle only if you are currently certified) Life Guard CPR other \_\_\_\_\_

Please specify anything else we should be aware of? (special vegetarian or diabetic diet, custody issues, sleep disorder, etc.)

\_\_\_\_\_

## PARENT'S MEDICAL RELEASE AND TREATMENT PERMISSION:

"Should my child \_\_\_\_\_ become injured or ill during a Saint James youth activity, I give permission to medical personnel to provide medical treatment as required for the health and safety of my child. I accept full responsibility for all costs incurred thereby."

Signature of legally responsible parent \_\_\_\_\_ date \_\_\_\_\_

## PARENT'S RESPONSIBILITY/PERMISSION:

"I give permission for my child \_\_\_\_\_ to attend Saint James Youth activities. I accept full responsibility for my child's behavior. Should my child behave illegally, improperly or destructively in such a way that the counselors determined that he/she has forfeited the right to continue on the activity, I assume responsibility for coming immediately and picking up my child."

Signature of legally responsible parent \_\_\_\_\_ date \_\_\_\_\_