

St. Joseph Church – Mission of Hope
Medical Information/Authorization/Administration and Release Form for Minors

Youth Name _____ Date of Birth _____

Address _____

Emergency Name _____ Phone # _____

Alternate Phone # _____ Alternate Phone # _____

Emergency Name _____ Phone # _____

Alternate Phone # _____ Alternate Phone # _____

Insurance Carrier _____ Policy # _____

Allergies _____

Medications and Dosages _____

Permission to give Tylenol? Yes or No (circle one) or other medication (be specific below)

Describe Medical Conditions/Limitations _____

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____

(Parent or Guardian)

(Guardian on Trip)

to consent to any necessary examinations, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

Parent or Guardian Signature _____ Date _____

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

On this _____ (day) of _____, _____ (year), before me personally

appeared _____ to me known to be the person described in and who executed the within instrument, and who acknowledged the free act and deed thereof.

Notary Public _____ State of _____

County of _____ Commission expires _____