

**Parish Name** Our Lady of the Rosary  
**Parish Address** 2348 Collier Parkway, Land O Lakes, FL 34639  
**Parish Phone Number** 813-949-4565

In case of an accident or serious illness, the above parish will contact the parent/guardian listed below. If the parish is unable to reach them, or any other person designated, then I hereby authorize the church and its representatives to contact my child's physician and/or make arrangements for immediate emergency treatment. Payment or fees for all medical services will be the responsibility of the parent/guardian.  
**THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2020 UNTIL JULY 31, 2021** and for all events throughout the year. I understand that it is the parent's responsibility to update this form as necessary throughout the year.

Youth's Name: \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Medical Insurance: ID number \_\_\_\_\_

Group Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

**Health Information**

List all medications taken daily and/or regularly:

\_\_\_\_\_

Youth/participant's allergies, if any, including medication and food allergies:

\_\_\_\_\_

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy):

\_\_\_\_\_

Youth/participant's other physical restrictions or dietary requirements (if any):

\_\_\_\_\_

Date of Tetanus: \_\_\_\_\_ Other medical: \_\_\_\_\_

**Other medical treatment:** In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called.

**My child may be given:**

Tylenol	YES	NO
Ibuprofen	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Throat lozenges	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Benadryl	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>

**Authorization:** All of the above information is true and given to the church with the parent's permission.

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ who [ ] is personally known to me, or [ ] who produced the following as identification \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed or printed name  
Commission No. \_\_\_\_\_