



# Junior Catholic Daughters of the Americas

## MEDICAL RELEASE

COURT \_\_\_\_\_

To whom it may concern:

\_\_\_\_\_ has my permission to attend all functions planned and  
chaperoned by the leaders of JCDA Court \_\_\_\_\_ .

I understand that I will be notified, in advance, of any activities that take place away from \_\_\_\_\_  
\_\_\_\_\_ Parish. I permit Hospital Care Physicians and any  
other physician she may wish to delegate, to render any medical/surgical treatment for the above named patient  
in my absence.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## EMERGENCY CONTACT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone Number

## ALTERNATE EMERGENCY CONTACT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone Number

## MEMBER'S MEDICAL HISTORY

\_\_\_\_\_  
Allergies, if any: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_