

Medical Release Form

*This form must be filled out and signed by parent or guardian. All contents are kept confidentially.
All forms are shredded after the retreat*

PLEASE RETURN THIS FORM TO THE OFFICE OF RELIGIOUS FORMATION BY: **October 25, 2011**

Child's Name: _____

Parent/Guardian Name: _____

Please list any allergies your son/daughter may have.

Please list any special medical conditions or special needs.

Please list any medications. (Indicate dosage, frequency, etc.)

Primary Physician Name: _____ Phone: _____

Insurance Carrier: _____ Policy Holder: _____

Policy Number: _____ Benefit/Plan/Group #: _____

Date of last Tetanus Booster: _____ / _____ / _____

Last 4 digits of child's SS #: _____

I will not hold St. John Neumann, their employees, the Archdiocese of Washington, D.C., rental facilities, or chaperones responsible for injuries, incident, or the consequences thereof. I have read, understand, and signed the Parental Release and Consent Form.

Parent/Guardian signature: _____

Date: _____ / _____ / _____