

Annual Medical Release Form For On-Site Incidents 2016-2017

I/We the undersigned, parent(s) or legal guardian of **(child's full name)** _____, a minor, do hereby give consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by, and is suggested, recommended, prescribed, or directed by any physician or surgeon duly licensed to practice in the State of Georgia. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

Legal Guardian: _____ Phone: _____ Email _____

Family Physician: _____ Phone: _____

Primary Medical Insurance Company: _____

Policy Number: _____ Phone: _____

Hospital Preference: _____

Emergency Contact: _____ Phone: _____

Parents please read and initial each section, then sign below:

____ I / We hereby grant permission for publication of group (two or more persons) photo taken at parish & youth events.

____ I / We hereby grant permission for my child(ren) to participate in the Archdiocese of Atlanta program "Virtus". This program reaffirms God's love for each person and discusses how each of us has the right to be treated respectfully by others. Training will be conducted yearly for Kindergarten, 4th, and 9th as well as children new to PSR across grades. To review materials go to:

<http://www.archatl.com/offices/ocyp/senvironment/safek12.html>
Protecting God's Children

Parent Signature _____ Date _____

Date of Birth: _____	Last Tetanus/Diphtheria Booster: _____
On Sept. 1, 2016 Age: _____ Grade : _____	Allergies to drugs or food: _____
Date of Baptism: _____ Place of Baptism: ___ Holy Cross ___ Other : _____	Any special needs, medication or pertinent information: _____

Office Use Only

Session Assigned: _____ Room # _____ Sun 10:15am Sun 11:45am Sun 6:45pm Wed 6:30pm	Ignite Thrive Confirmation: 1 st 2 nd
Current on Sacrament / Basic Catechesis / First Communion Year	Sacraments Needed: _____
Notes: _____	