

**Catholic Archdiocese of Atlanta
HOLY TRINITY LIFE TEEN
Annual Medical Release Page 1**

Name of Student: _____ **Date of Birth:** _____

Address: _____

_____ **Home phone #:** _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____

Social Security Number: _____ **Phone #:** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Mother/Guardian's full name: _____

Social Security Number: _____ **Phone #:** _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

(Both pages need to be complete and signed)

Name of Participant _____

Annual Medical Release Page 2

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____

(This Medical Release is good for the period of one year; beginning ____July 2002__ and ending _July 2003____.)

Note to Parents:

This Annual Medical Release is good for any trips within the state and bordering states. To be valid, however, a field trip short form will still have to be signed by a parent for each event. The short form will not require all the information provided above as long as we have on file, or are given, one of these annual release forms. Get this form turned in to the Life Teen office A.S.A.P. We will keep it on file for one year. Thanks.