

**Medical release form for  
Cathedral of the Incarnation  
Youth Group**

Name: \_\_\_\_\_ B-day \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

If neither parent can be reached call:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Local Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any Medical Problems, Allergies or other information that we need to know about in order to make your youth safer?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details: \_\_\_\_\_

<b>Policy Holder Info</b>
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Policy holder: \_\_\_\_\_ Birthday \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SS# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy holder's social security # \_\_\_\_\_ Policy # \_\_\_\_\_

\* If possible please include a copy of the front and back of your insurance card.

**Medical Release**

Although every attempted will be made to contact a youth's parent/legal guardian, should the need arise, the Cathedral of the Incarnation/Christ the King youth group's adult supervisor/volunteer has the permission to act in place of parent(s)/legal guardian(s) in case of a medical emergency. This permission is granted for the duration of the calendar years of 2008 and 2009.

Signature of parent/ legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

Sworn To And Subscribed Before Me This \_\_\_\_ Day of \_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires