

JAMM Medical Release Form

Parent / Legal Guardian's Name: _____

Address: _____

Phone #s: Home: () - Email: _____

Work: () - Email: _____

Cell: () - _____

Other: () - _____

Children's Names	List all known medical conditions, Including food allergies. In addition, include any and all over the counter and/or prescription drugs taken regularly.

In an emergency, please contact: _____

Relationship to child: _____

Phone #s: () - () -

() - () -

Or contact: _____

Relationship to child: _____

() - () -

() - () -

Primary Physician's Name: _____

Address: _____

Phone #s: () - () -

Dentist's Name: _____

Address: _____

Phone #s: () - () -

Primary Insurance Company: _____

Phone #s: () - - () - -

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to children: _____

ID# _____ Group/Policy# _____

Secondary Insurance Company: _____

Phone #s: () - - () - -

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to children: _____

ID# _____ Group/Policy# _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid and the use of an ambulance for transportation to a hospital under the direction of qualified medical personnel.

Parent/ Guardian Name (Printed) _____

Parent/ Guardian Signature _____ Date: _____

I, _____, have been cleared by "For the Sake of God's Children" so
(please print)

that I may participate in children focused parish functions.

Signature: _____ Date: _____