

St. Mary Mother of God Teen Ministry

Youth Group Participant Registration/Medical Information for on and off-campus activities

Valid from September 01, 2009 through September 01, 2010

Participant's full name _____

Address _____

Phone number(____) _____ e-Mail address _____

Cell phone number (____) _____

Father's name _____ Day phone (____) _____

Eve. phone (____) _____ Cell phone &/or pager (____) _____

Mother's name _____ Day phone (____) _____

Eve. phone (____) _____ Cell phone &/or pager (____) _____

Family e-Mail address _____

In case of emergency or unexpected schedule changes and the above person(s) cannot be contacted, please notify one of the following persons:

Name _____ Relationship _____

Address _____ Cell phone/pager (____) _____

Day phone (____) _____ Eve. phone (____) _____

Name _____ Relationship _____

Address _____ Cell phone/pager (____) _____

Day phone (____) _____ Eve. phone (____) _____

Medical Authorization

In case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event that I cannot be reached, I hereby give permission to the licensed physician selected by the adult leader in charge to secure proper treatment, including x-ray examination, medical or surgical diagnosis, hospitalization, anesthesia, surgery or injections of medication for my child (or for me, if adult). This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but it is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician.

Date _____ Signature of Parent/Guardian _____

Birth date of minor _____ SSN (if needed for identification for medical treatment) _____

Allergies _____

Medications & dosage _____

List any physical/behavioral conditions that may affect or limit participation in youth programs:

Family physician _____ Phone(____) _____

Medical Insurance Co. _____ Med. Rec. # or Policy # _____