

### Medical Release Form

*This form must be filled out and signed by parent or guardian. All contents are kept confidentially.  
All forms are shredded after the retreat.*

PLEASE RETURN THIS FORM TO THE OFFICE OF RELIGIOUS FORMATION BY: **November 3, 2018**

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please list any allergies your son/daughter may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special medical conditions or special needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications. (Indicate dosage, frequency, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Benefit/Plan/Group #: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last 4 digits of child's SS#: \_\_\_\_\_

I will not hold St. John Neumann, their employees, the Archdiocese of Washington, D.C., rental facilities, or chaperones responsible for injuries, incident, or the consequences thereof. I have read, understand, and signed the Parental Release and Consent Form.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_