

St. Joan of Arc – Vacation Bible School 2021
St. Joan of Arc Parish, Diocese of Oakland
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

There must be a copy of this form at ALL Faith Formation and Youth Ministry Activities

1st Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2021): _____ School (Fall 2021): _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions or disabilities we should be aware of: _____

Date of child's last physical examination: _____

2nd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2021): _____ School (Fall 2021): _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions or disabilities we should be aware of: _____

Date of child's last physical examination: _____

3rd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): **M** **F** Grade (Fall 2021): _____ School (Fall 2021): _____

Allergies/Drug Allergies: _____ Asthma: Y N

Routine Medications: _____

List any medical conditions or disabilities we should be aware of: _____

Date of child's last physical examination: _____

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address: _____

Print Name of Policy Holder: _____

Insurance Company: _____

Employer/Group Number: _____ Policy/Plan number: _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

(Complete AND SIGN Back of Form/Page Two)

