



LIGHT OF THE WORLD CATHOLIC PARISH
10316 W. Bowles Avenue Littleton, Colorado 80127 (303) 973-3969

Medical Data Sheet for _____ (youth's full name)
Release of Liability and Permission for Medical Treatment

The undersigned must notify the group leader of any special medication required, medical condition, restrictions or allergies of your son/daughter. I AM RELEASING LIGHT OF THE WORLD PARISH, THE ADULT SPONSORS, AND THE ARCHDIOCESE OF DENVER FROM ANY AND ALL LIABILITY AND COST IN THE CASE OF SICKNESS, ACCIDENT OR INJURY WHICH MAY OCCUR DURING ANY LIGHT OF THE WORLD SPONSORED EVENT **FROM JULY 2006 TO JULY 2007.**

My son/daughter is covered by the following health plan:

Company: _____

Policy Number: _____

Name of Doctor: _____

Phone Number of Doctor: _____

If on any medications, please indicate what, how often taken, and any side effects:

Is your son/daughter allergic to any medication? If so, please state: _____

Last tetanus shot? _____

Does your son/daughter have a respiratory condition of any kind? If so, please state: _____

Does your son/daughter have any physical limitations? If so, please state: _____

Does your son/daughter have or subject to any of the following? If yes, please check:

_____ Asthma _____ Fainting spells _____ Convulsions

_____ Diabetes _____ Heart Trouble _____ Allergy

Please explain: _____

If there are any specific events/activities that your son/daughter may not participate in, please note here:

Participation Exclusions: _____

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Name(s) of Parent/Guardian: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Emergency Number: _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, and administer any other treatment that is deemed necessary.

If it is necessary to take your son/daughter to an emergency room/hospital for treatment due to any injury or other health problem, the emergency room/hospital will need the social security numbers of the parents and the participant:

Mother's SSN: _____ Father's SSN: _____

Child's SSN: _____

I understand that my child will be under the supervision of the Youth Ministers and/or Volunteers at all youth events sponsored by Light of the World. I understand that this medical data sheet will stay on file for one year and am responsible for reporting updates/changes to the Youth Office. I understand that this is not a waiver of permission for any event, but grant permission to use this data sheet for any youth event that my child may participate in from July 2006 until July 2007.

Signature of Parent/Guardian: _____ **Date:** _____

EVERY TEEN MUST HAVE THIS FORM FILLED OUT FOR THE 2006-2007 YEAR!
