

**St. Eugene Youth Ministry**  
**Medical Information and Emergency Contact Information**

**Youth Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Emergency Contact (other than parents)**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Name & Membership Number: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_

**Persistent Medical Conditions (that staff should be aware of):**

**MEDICAL RELEASE:** *I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the diocesan representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority on the part of my agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or nurse, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the applicable provisions of the family code of California and the Health Code of California.*

**VIDEO AUTHORIZATION:** *I hereby authorize the making of photographs or video recordings, or other memorializing of this program and my child's participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that I might otherwise have to limit or control such making or use of this program and my child's participation therein, and the publication or other use thereof.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_