

Epiphany of our Lord
2510 East Hanna Ave
Tampa, FL 33610
813-234-8693

Epiphany of our Lord Activity Release Form
DOVES YOUTH MINISTRY PROGRAM

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT EMERGENCY PERSONNEL AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

THIS MEDICAL RELEASE IS VALID FROM _____ UNTIL _____ **Please Print All Entries Legibly**

Youth/Participant's Name: _____ AGE _____

Parent or Legal Guardian's Name _____ Phone(s) _____

Address _____

Email Address: _____

Emergency contact information: _____

Health Information

List all medications taken daily and/or regularly: _____

Youth/participant's allergies, if any, including medication and food allergies: _____

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Youth/participant's other physical restrictions or dietary requirements (if any): _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

Photo & Video Release statement: Parents/guardians of participants are advised that photographic, audio, and/or video recordings of participants may be used in publications, websites, or other materials produced and published by the Catholic Diocese of St. Petersburg or Epiphany of our Lord Church, Tampa. Participants may also be identified by given (first) name. Parents/guardians who do not wish their child(ren) to be photographed or recorded should notify in writing. Please note that the Catholic Diocese of St. Petersburg and has no control over the use of photographic, audio, and/or video recordings taken by media that may be covering the event in which your child(ren) participate(s)

Signature of Parent/Guardian

Date: