Saint John Fisher Confirmation/Youth Ministry Health/Medical Release Form

This authorization shall remain effective from: May 2025 through May 2026

Student Name: _____ Date of Birth: _____

Address/City/Zip: _____ Student cell: _____

Student Email: _____

Parent email _____ Student Gender: _____

Grade/School: _____

Is this participant in generally good health and able to participate in all activities involved in our events?

YES_____NO_____ (If NO, please attach a statement indicating limitations.)

Date of most recent physical exam: _____ Physician or Clinic: _____

Physician Address: _____ Phone: _____

Authorization to Consent to Treatment of Minor

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize **Ricardo Mata,** Saint John Fisher Coordinator of Confirmation & Youth Ministry, and/or Staff at St. John Fisher Church, as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of the Medicine Practice Act or the medical staff of any licensed hospital, whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

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 and power on the part of our a forementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the Archdiocese of Los Angeles, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses, will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate. I understand that the Director of this event will dispense any medications so listed.

(This authorization is given pursuant of the provisions of section 25.8 of the civil code of California.)

Parent/Guardian Signature: _____ Date: _____

Best Telephone: _____ Alt. Phone: _____

Family Health Insurance: _____ Policy #: _____

Youth Behavioral Consent

I, _____, understand that at no time will I possess, transport or partake in illegal substances, i.e. alcohol, tobacco-vaping, and drugs. I understand that my parent(s) will IMMEDIATELY be called to pick me up and **return** me home should I break this agreement. I understand that a positive attitude and cooperative behavior is expected at all events.

Youth Signature: _____ Date: _____