

**St. Paul's Greek Orthodox Church
GOYA Participant
Medical Release Form**

Name of participant: _____ Date of Birth: _____

Parent/Guardian Name (s): _____

Known Medical Conditions: _____

Medications: _____

Food and Drug Allergies: _____

Other Allergies? _____

In emergency, please contact: _____ Relationship to participant: _____

Emergency Contact Phone #'s: (_____) _____ Home Phone

(_____) _____ Cell Phone (_____) _____ Other: _____

Physician's Name: _____ Physician Phone: _____

Insurance: _____ ID # _____

Policy Holder's Name/Relationship to participant: _____

Group/Policy #: _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

I also I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl (Diphenhydramine) or over the counter antacids, as needed.

Signature: _____ **Date:** _____

Relationship to Participant: _____