

St. Joseph Family Faith Formation Medical Authorization 2022-2023

Family Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Street

City

Zip

Home Phone: _____

Mother's Cell: _____ Father's Cell: _____

Emergency Contacts

Name: _____ Home/Cell Phone: _____

Family Physician: _____ Office Phone: _____

Medical Information

Health Insurance: _____

ID & Group Numbers: _____

Child's Name	Grade	Gender	Birth Date	Allergies, Health Concerns or Special Needs	Medications, Doses, and Reason

I authorize St. Joseph Parish and its representatives to use their judgment in determining emergency care and procedures for my child(ren). I also understand and agree that the parish assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Signature of Parent/Guardian: _____ Date: _____