

**JUNIOR CATHOLIC DAUGHTERS OF THE AMERICAS**

**COURT ST. JOSEPH 2300**

**MEDICAL RELEASE**

To whom it may concern:

\_\_\_\_\_ has my permission to attend all functions planned and chaperoned by the leaders of JCDA Court \_\_\_\_\_. I understand that I will be notified, in advance of any activities that take place away from \_\_\_\_\_ Parish. I permit Hospital Care Physicians and any other physician he/she may wish to delegate, to render any medical/surgical treatment required for the above patient in my absence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone /Cell

**ALTERNATE EMERGENCY CONTACT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone/Cell

**MEDICAL HISTORY**

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Last Tetanus Immunization

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Policy No.

**PHOTO RELEASE**

I give my permission for my daughter to be photographed or videotaped during JCDA functions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CDA CONTACT PERSON**

Midge Weber  
110 King Arthur Court  
Sykesville, MD 21784  
Phone: 410-549-1220  
Email: skimid@comcast.net