



ROMAN CATHOLIC
DIOCESE
of Calgary

Medical Information And Release Form

As a Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical professional of the following minor in the event of a medical emergency which, in the opinion of the attending physician or EMT, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. Every effort will be made to contact the named parent and/or guardian.

This release is intended for the period _____ to _____, 202__.

This release form is completed and signed of own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent or Guardian Name (please print) Date: _____, 202__

Signature of Parent or legal Guardian

Participant Name: _____

Date of Birth: _____ Provincial Health Care No. _____

Address: _____

Family Physician: _____ Office Phone: _____

Please specify any medical allergies, chronic illnesses or other conditions.

