



Date:

Friday, October 25, 2024

Time:

5pm-8pm

Cost:

\$10

Location:

St. Malachy Parish
Currier Center
14115 E. 14 Mile Road
Sterling Heights, MI 48312

Questions? Contact Julie:

(586) 264-1220 #4

ffs@stmalachychurch.org

Please complete this form and turn into the Faith Formation office no later than October 1, 2024. Payments can be made online at www.stmalachychurch.org and selecting online giving.

Teen Name: _____

Parent Name: _____

Phone number of Parent: _____

Food allergies: _____

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name: _____ Parents Name if Minor: _____

Reason for which release is intended: _____

Address: _____ City: _____

Emergency Contact(s): _____ Emergency Number(s) _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)