

## DIOCESE OF VENICE IN FLORIDA

## MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR:	D.O.B
PARISH/SCHOOL:	
HOME ADDRESS:	
PHONE #s: CELL:	HOME:
WORK:	
EMERGENCY CONTACT:	
PHONE:	
physical impairments, or any other informati	pertinent medical information (for example, allergies, medications, on necessary in an emergency situation). Explain fully:
guardian(s)/emergency contact. In case of a legal guardian(s)/emergency contact cannot other pertinent diocesan officials to consent	ent, reasonable effort will be made to contact the parent(s)/legal medical emergency, 911 will be called. In the event that the parents/be notified or are not available, I (we) authorize parish, school, or to any x-ray examination, anesthetic, medical or surgical treatment, ressary and appropriate by a licensed physician in the State of Florida year from the date of execution.
Signature of Parent or Legal Guardian	Signature of Parent or Legal Guardian