

Diocese of Venice
1000 Pinebrook Rd., Venice, Florida 34285
(941) 484-9543

OVERSEAS MEDICAL AUTHORIZATION FOR MINOR OR ADULT

NAME OF PARTICIPANT _____ D.O. B. _____

PARISH/SCHOOL/DIOCESAN ORG: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____
(if minor)

PHONE #s: WORK _____ / _____ HOME: _____ CELL _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet needs, special medication, physical impairments, blood type, health conditions or any other information necessary in an emergency situation. Explain fully:

Doctor: _____ Phone: _____

In case of a medical emergency overseas, I authorize the parish, school or other diocesan officials to consent to any emergency transportation and any medical examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a physician licensed in the State/Country in which treatment is sought. This authorization is valid for a period of 1 year from the date of execution. I understand that reasonable effort will be made to promptly notify the parent(s)/legal guardian/emergency contact. I agree to assume financial responsibility for any medical treatment provided to the above participant AND (please check):

_____ Participant is enrolled in the International Travel & Accident Insurance; OR

_____ Participant is enrolled in another travel insurance program that covers medical expenses; OR

_____ Attached is a certificate of insurance from my insurance carrier identifying that there is health/accident insurance available to cover expenses related to illness/accident/injuries overseas.

Signature of Parent/Legal Guardian of Minor

Signature of Adult Participant

STATE OF FLORIDA

COUNTY OF _____

Before me personally appeared _____ who, being duly sworn, did represent under oath that he/she is () the adult participant named above or () the parent and/or legal guardian of the above named minor and he/she did sign this medical authorization before me this _____ day of _____, _____.

Notary Public

My Commission Expires:

Personally known to me _____ or Produced _____ as identification.

Please return this form to the school or parish office.