



DIOCESE OF VENICE IN FLORIDA

OVERSEAS MEDICAL AUTHORIZATION FOR MINOR OR ADULT

NAME OF PARTICIPANT _____ DOB _____

PARISH/SCHOOL/DIOCESAN ORG.: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____

(if minor)

PHONE #s: CELL _____ HOME _____ WORK _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of a medical emergency overseas, I authorize the parish, school or other appropriate 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/County 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 _____, 20_____.

Notary Public My commission expires: _____

Personally known to me _____ or produced _____ as identification.

Please return this form to the school or parish office.