MEDICAL CONSENT AND PERMISSION TO TREAT

Release of Information: To the best of my knowledge, my child (children),

____

is/are in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured.
Signature of Parent/Guardian:________________________________ Date:__________

Insurance Information: Insurance Carrier:_______________________
Policy Number:______________________

Emergency Contact Information: Parent/Guardian's Name:

____

Full Address:

____

Home Phone: ( ) ________________ Business Phone ( )____________________

If you are unable to reach me, please contact:
Name:____
Relationship to me or my child______________________________

Medical History: My son/daughter is under the care of a medical provider. ______Yes ______No
Provider Name: ______________________Phone Number: ( )___________________

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: ______________________________

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I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. ______Yes ______ No
My son/daughter is allergic to the following:_________________________________
My son/daughter's immunizations are current and up to date ______Yes ______No
My son/daughter has the following limitations:________________________________
My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. ______Yes ______No. If yes, please explain:

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Signature of
Parent/Guardian:______________________________Date:____________________