



## MEDICAL CONSENT AND PERMISSION TO TREAT

### **Release of Information:**

To the best of my knowledge, my child, \_\_\_\_\_ is 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 son/daughter: \_\_\_\_\_

### **Medical History:**

My son/daughter is under the care of a psychiatric/psychologist. \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Please explain: \_\_\_\_\_

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: \_\_\_\_\_

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

Please explain: \_\_\_\_\_

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Side B**