

St. Thomas More Youth Ministry
Parental/Guardian Permission Form & Release
Medical Matters

I (we) _____ hereby warrant that to the best of my (our) knowledge, my (our) child, _____, is in good health, and I (we) assume all responsibility for the health of my (our) child.

Emergency Medical Treatment: In the event of an emergency, I(we) hereby give permission for transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor. **In the event of an emergency, if you are unable to reach me (us) at the numbers provided, contact:**

Name & relationship to child: _____ Phone: _____

Family doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____

Group # _____ ID# _____

Medications: My (our) child is taking medication at present. My (our) child will bring such necessary medications, and such medications will be well labeled. Names of medication and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

I (we) hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

Specific Medical Information: The parish should be well aware of the following medical conditions. (The parish will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc) _____

Does the child have a medically prescribed diet? _____

Are there any physical limitations? _____

Other medical conditions of my (our) child: _____