

Medical Information

List any chronic or existing medical problems (e.g. diabetes, epilepsy):

List any instructions for care of the above conditions:

List any medications being taken by the child on a regular basis: (SEE BELOW)

In case of accident or serious illness, I request the Youth Minister to contact me. If I cannot be reached, I hereby authorize the Youth Minister to make whatever arrangements the circumstances allow.

It is understood and agreed that neither the Parish, Youth Minister/DRE, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of illness or injury.

If the below-named child needs emergency medical treatment, and neither the parent/guardian nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician/emergency personnel.

Father/Guardian Signature X _____ Date _____

Mother/Guardian Signature X _____ Date _____

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY AUTHORIZED PERSONNEL

I HEREBY AUTHORIZE PERSONNEL TO ADMINISTER MEDICATION AS INDICATED TO:

NAME: _____ Grade _____ Youth Minister _____

Rx #: _____ Name of Medication _____

Directions: _____

Doctor: _____ Ph: _____ Pharmacy: _____ Ph: _____

Time(s) medication given at home: _____

Time(s) medication to be given at event: _____

I UNDERSTAND THAT MY SIGNATURE BELOW RELIEVES THE PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF THE PRESCRIBED MEDICATION.

Parent/Guardian Signature X _____ Date _____

Phone number where may be reached during the event: _____

Initial _____