

Youth Ministry Permission Forms

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|---------|-------|-----------|--------|--------------|
| Name | | | | Age |
| Address | City | State | Zip | Phone Number |
| School | Grade | Birthdate | E-Mail | |

Permission

I/we, the parents or guardians of the above-mentioned child, for myself, ourselves and for my/our child, give permission for my/our child to participate in the _____
_____ for the date of _____ in the year _____.

Medical Authorization

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Christ the Light of the World, St. Agnes, Holy Trinity, St. Joseph or the Roman Catholic Dioceses of Pittsburgh for the payment of any medical costs or injury related costs.

| | |
|---------------------------|------------------------------|
| Parent/Guardian Signature | Parent/Guardian Phone Number |
|---------------------------|------------------------------|

| | |
|-------------------|---------------|
| Insurance Company | Policy Number |
|-------------------|---------------|

Name and Phone Number of Person if parent/guardian is not available.

CONSENT TO TREAT FORM

I/We the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian

Mother/Legal Guardian

Date: _____ this consent form will remain effective until _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only that in accordance with your wishes...

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

as follows:

Signature: _____ Date: _____

I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: _____ Date: _____

No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

If yes explain:
