



St. Joseph Academy~MissionQuest Emergency Form
Medical Release/Consent to Treat
Due to Lead Chaperone by April 8, 2026

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment by a physician should his condition require it in my absence. I give permission to the designated St. Joseph Academy chaperone to make necessary decisions regarding my son's health. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting, as long as the medical or surgical treatment considered necessary is in accordance with generally accepted standards of medical practice for the type of injury or illness involved.

I impose no specific prohibitions regarding treatment unless stated here, (if none, please so state): _____

In consideration of my son participating in a MissionQuest course, I hereby release the St. Joseph Academy and its personnel from any legal claim arising from administration of (or failure to administer) medication and the administration of (or failure to administer) emergency medical treatment. The authorization is for the period of the course from departure to the return.

Please include a copy of your Health Insurance cards (front and back)

Parent or Guardian Signature Date

Printed Parent or Guardian Name: _____

Phone Numbers: Cell - _____ Home - _____

In case you are not available at either of the above numbers, please give us information for another contact person.

Name: _____ Relationship to Student: _____

Phone Numbers: Cell - _____ Home - _____ Work - _____



St. Joseph Academy
Allergy and Medical Profile Form

(To accompany the Medical Release/Consent to Treat Form)

Please fill out this form completely and accurately and return it to the Course Leader. This form helps ensure that the Course Leader is aware of relevant medical information so any situation that arises can be properly addressed. If any section is not applicable, please write N/A in that section.

Student/Traveler Name: _____

Address: _____

Student/Traveler Cell phone #: _____

Primary Physician Name & Address: _____

Phone: _____

Known Allergies - Is your child allergic to any medication, food, etc? What is the severity of their allergy? What should be done in case of a reaction (EpiPen, inhaler etc.)

Medical Conditions - Does your child suffer from any pre-existing medical conditions - (seizures, diabetes, mental health issues, eating disorders, etc.)? What are the warning sign the Course Leader should be aware of, and what should be done in cas of an emergency?



Prescription Medications - Does your child take any prescription medications? Will your child be bringing any prescription medications with him during the course? If so, please list prescriptions and dosage information.

Over-the-Counter Medications - Will your child be bringing any over-the-counter prescriptions with him during the course? If so, please list them with the dosage information.

Over-the-Counter Medications - Are there any restrictions on over-the-counter medicine that the Course Leader should be aware of? (i.e. Benadryl, Tylenol)

Previous Surgeries/Major Medical Events - Are there any restrictions or precautions due to these events that the Course Leader should be aware of?



Page 2 of 3

Last Tetanus Booster - _____

Special Needs - Does your child require any special accommodations on tour or during course activities? (wheelchair, interpreter, etc.)

Any Other Information - Is there any other information about your child's health or medical history that should be conveyed to the Course Leader prior to the course? If so, please list here.

Please Note: It is the responsibility of the parents/guardians to inform the Course Leader or chaperones if any new medical issues arise after signing the release and profile prior to the start of the course/travel.

Parent/Legal Guardian Signature: _____ **Date:** _____

Printed Name: _____

