



**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 those that are applicable.)**

***Emergency/Medical Treatment:*** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I 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 at the above numbers, contact:

Name & relationship

Phone:

Family Doctor: Phone:

Family Health Plan Carrier: Policy #:

Signature: Date:

***Other Medical Treatment:*** In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Arch/Diocese of , chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible.

Signature: Date:

***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:

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

Signature: Date:

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: Date:

**(over)**

***Specific Medical Information:*** The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations: Date of last tetanus/diphtheria immunization:

Does child have a medically prescribed diet?

Does child have any physical limitations?

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

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:

You should be aware of these special medical conditions of my child: