MEDICAL CONSENT FORM

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Medical Matters

I hereby warrant 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 in accordance with your wishes:

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 and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone_____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription, to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

☐ Allergic reactions to the following (foods, dyes, latex etc.): _____

☐ Had a medical surgery within the last six months

☐ A medically prescribed diet? _____

☐ The following physical limitations? _____

☐ Date of last tetanus/diphtheria immunization _____

☐ You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.):

_____

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Insurance Information:

☐ **No, I do not carry medical insurance at this time.**

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

I understand that if serious illness develops or injury occurs, medical or hospital care will be given. However, the staff isn't responsible in the case of accidental injury or illness. I further understand that in case of serious illness or injury, I will be notified. But if it is impossible to contact me, I request, and give permission for, EMERGENCY TREATMENT OR SURGERY, as recommended by the attending physician. I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

_____ _____

Signature (Parent/Guardian) Date