Activity: Diocesan Youth Conference, Collinsville, IL *Date: March 28 -29, 2009*

MEDICAL INFORMATION & CONSENT FORM

Parish: ________________________________ Town:

Participant's Name: ____ Birth Date (mm/dd/yy): __________________________

Parent/Guardian Name(s):

____

Address: ____ City:___________________________ State: __________ Zip: ___________

Home Phone: ____________________________ Work Phone: _____________________ Cell Phone: _____________________

MEDICAL INFORMATION:

1. Does the participant take medication regularly? ☐ Yes ☐ No

   If yes, describe:

   ____

2. Does the participant have any allergies or chronic illnesses? Yes No ☐ ☐

   If yes, describe:

____

3. Is the participant allergic to any drugs or medications? Yes No ☐ ☐

   If yes, describe:

____

<u>EMERGENCY MEDICAL TREATMENT</u>*: *In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I also give permission for health officials to release medical information on my child to Colette A. Kennett, the Diocesan Direction, or other designated staff. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are* ***<u>unable</u> *to reach me at the above numbers, contact:*

Name & relationship: ____

Phone: _______________________ Family Doctor: _________________________ Phone: _________________

Family Health Plan Carrier: ___________________________________ Policy #: ___________________________

Signature: ____ **Date**: _____________________________

☐ Yes , I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

☐ No, I **<u>do not</u>** grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: ____ **Date**: _____________________________

ACKNOWLEDGEMENT & CONSENT:

I/We have read the above form. I/We fully understand the agreement and consent to its terms.

Parent/Guardian: ____ Date: ______________________

Parent/Guardian: ____ Date: ______________________