

Name/Address of Diocesan Institution Sponsoring Program/Activity \_\_\_\_\_

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR YOUTH**

(Parent /legal guardian completes form and is responsible for the information being current. Original form is kept on file at parish/school; a copy must be readily available for all overnight or off-site events.)

Youth Participant's Name \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Male  Female  Birthdate \_\_\_/\_\_\_/\_\_\_ School & Grade: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's  OR Legal Guardian's  Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Means of Communication:** Phone Call  Text  Email

Mother's  OR Legal Guardian's  Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Means of Communication:**  Phone Call  Text  Email

In an emergency, please notify (Name/Phone #): \_\_\_\_\_

If above individual cannot be reached, please notify (Name/Phone #): \_\_\_\_\_

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME \_\_\_\_\_

Name anyone who is restrained from picking up the child. \_\_\_\_\_

**HEALTH HISTORY:**

Child's Physician: \_\_\_\_\_

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: \_\_\_\_\_

Name of any **medications** and concise directions, including dosage and frequency of dosage: \_\_\_\_\_

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given:

Acetaminophen Yes  No

Ibuprofen Yes  No

Any allergies (food, latex, animals, etc?) Yes  No

Allergic to any medications? Yes  No

If yes, please list and describe: \_\_\_\_\_

Does child carry EpiPen? Yes  No  If yes, where is it located? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes  No

Any swimming restrictions: Yes  No  What? \_\_\_\_\_

Any activity restrictions? Yes  No  What? \_\_\_\_\_

(OVER)

**Consent for Emergency Care**

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

**\* Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Signature (Age 21 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company (that covers above-named child): \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_\_

Policy Holder's Place of Work: \_\_\_\_\_

**PERMISSION FORM & LIABILITY RELEASE**

**PURPOSE:** This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and \_\_\_\_\_ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/ herself or others in dangerous situations.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

**NOTE TO PARENT/GUARDIAN: You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).**