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.).