

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

Name/Address of Institution (Parish, School, etc.) Sponsoring Activity \_\_\_\_\_

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

Minor Participant's Name \_\_\_\_\_ Male/Female (circle) Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_

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

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_

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

Name of Individual In Case Parent/Guardian Cannot Be Reached: \_\_\_\_\_ 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 **prescription 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, explain: \_\_\_\_\_

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

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

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

(OVER)

Revised October 2012

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS (cont'd.)**

**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: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**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.

--I hereby consent to the use of a photograph of my child for the purpose of publication. \_\_\_\_ Yes \_\_\_\_ No

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

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

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

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

**IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.)**

Revised October 2012

SUBMIT FORM