

MPH Catholic Permission Slip for Youth Group Events or Annual Mission Trip



Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Address of student: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (of student attending): \_\_\_\_\_ Phone number: (Parent or guardian): \_\_\_\_\_

School of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Parish: \_\_\_\_\_

E-mail (Dad or male guardian): \_\_\_\_\_ Email (Mom or female guardian): \_\_\_\_\_

**REGISTRATIONS MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT**

**Permission**

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned event on the above written dates.

**Medical Authorization**

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Roman Catholic Diocese of Pittsburgh, churches of MPH Catholic, or the employees or volunteers of MPH Catholic for the payment of any medical costs or injury related costs.

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

Number Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Consent to Treat**

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian Signature: \_\_\_\_\_ Mother/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ This consent form will remain effective until \_\_\_\_\_.

**Medical Matters**

I hereby warrant that 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. (Sign only the statements which apply to your child's needs and your wishes)

- 1) Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) I hereby grant permission for nonprescription medication (such as Tylenol©, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any known allergies?: \_\_\_\_\_

Any physical limitations?: \_\_\_\_\_

Any additional info chaperone(s) should know about the health/well being of your child during this event or trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_