

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____
Family Health Plan Carrier: _____
Policy Number: _____

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____
Relationship: _____
Telephone: _____ Alternate Contact Number: _____

Signature of Parent/Guardian Date

MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT

My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

Signature of Parent/Guardian Date

SPECIFIC MEDICAL INFORMATION/CONDITIONS

Please list any special medical issues or other conditions that the Diocese should be aware of in connection with your child's participation in this activity:

