

Saint Richard Youth Ministry Permission Slip

Name of Program	Date of Program
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Name of Student	Social Security Number	Age	Sex
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Address	City	State	Zip	Phone Number
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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 St. Richards Youth Ministry program, on the above written dates.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in the program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves, for my/our child our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of St. Richard Church and/or the Roman Catholic Diocese of Pittsburgh from any and all claims, demands, and causes of action of whatever kind of nature for their actions taken pursuant to this authority.

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 St. Richard Church and/or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature	Parent/Guardian Phone Number
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Insurance Company	Policy Number
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Name and phone number of person if Parent/Guardian is not available

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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 of illness that may so arise, or any hospitalization necessary.

Father/Legal Guardian

OR

Mother/Legal Guardian

Date: _____ This consent will remain effective until 48 hours after to event.

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.

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, etc.) 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 medically prescribed dietary needs?: _____

Is the child a vegetarian?: YES NO

Is the child subject to chronic homesickness, emotional reactions to new situations, or fainting?:

YES NO

If yes, explain:
