

DIOCESE OF DAVENPORT PARENTAL PERMISSION AND MEDICAL RELEASE FORM

I, _____, give permission for my son/daughter, _____, to participate in **CHILD CARE / YOUTH MINISTRY ACTIVITIES** as sponsored by the Diocese of Davenport, to be held **DURING DEACON FORMATION SESSIONS** at **ASSUMPTION HIGH SCHOOL** (or at whatever site the deacon formation program is meeting) in **DAVENPORT** (or city of alternative site).

In the event of sickness or accident, the adults supervising the Child Care / Youth Ministry program have my permission to secure medical care for my child.

I understand that, depending on planned activities, my child may be transported by an adult from the program to another site. I understand that I will be informed of such plans and may choose not to allow my child(ren) to participate in such outings. In such a case, I will be responsible for providing care for my child during that time.

I hereby release the Diocese of Davenport and all adult sponsors from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event.

Signature of Parent: _____ Date: _____

MEDICAL INFORMATION

Name: _____ Birthdate: _____ Age: _____

Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Other emergency contacts:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Insurance Information

Insurance Company: _____

Address: _____

Policyholder: _____ Policy No. _____

Please attach a copy of your insurance card if possible.

Health Information

Please circle any illnesses, allergies, or medication reactors you have experienced and give approximate dates.

Ear infections	hay fever	rheumatic fever
Chicken pox	poison ivy	diabetes
measles	insects	convulsions
German measles	mumps	asthma
penicillin	other medications	behavioral problems

any other:

Immunizations: (Please list dates as accurately as possible)

DTP: Series	Booster: _____	Tetanus Booster: _____
Polio OPV	Booster: _____	TB Test: _____

Operations or serious injuries: (dates)

Chronic or recurring illness:

Any activity restrictions or dietary considerations?

Any other health problems or comments regarding anything listed above.

If needed, my child may be given (circle each approved):

ASPIRIN	TYLENOL (Acetaminophen)	ADVIL (Ibuprofen)
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Acknowledgement Statement

I submit that his health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned youth rally activities, except as noted by me or an examining physician. In the event of an emergency, I hereby give permission to the physician selected by the youth director to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself, if of majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred. This information may be shared with other adults from the parish for the benefit of my child

Signature of Parent or Guardian: _____ Date: _____