

Catholics in Action
Parent Permission and Team Health/Medical Release Form 2010
Personal Information

Name: _____ Birth Date: _____ Age: _____

Parent or Guardian: _____ Home Phone: _____
(If under 18)

Work Phone: _____ Address: _____ City/Zip _____

In case of emergency, and I (we) are not available please notify:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Insurance Information

Insurance Company: _____

Address: _____

Policyholder: _____ Policy No: _____

(Please attach a copy of your insurance card.)

Health Information

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

Ear infections

chicken pox

measles

German measles

penicillin

any other:

hay fever

poison ivy

insects

mumps

other medications

rheumatic fever

diabetes

convulsions

asthma

behavioral problems

IMMUNIZATIONS:

(Please list dates as accurately as possible)

DTP Series Booster

Tetanus Booster

Polio OPV Booster

TB Test

(over)

Please list any operations or serious injuries and the dates they occurred:

Please list any chronic or recurring illness:

Are there any other health, medical or dietary considerations?

Any activity restrictions?

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

Acknowledgement Statement

I, _____, give permission for my son/daughter, _____, to participate in the 2010 Catholics In Action service program sponsored by the Diocese of Davenport, to be held June 27-29, 2010, at Regina Catholic Education Center in Iowa City, IA. In the event of sickness or accident, the adults supervising the Catholics in Action program have my permission to secure medical care for my child. I understand that my child will be transported by an adult from my parish, both to and from Regina Catholic Education Center in Iowa City, and to service projects within the diocese. 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.

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 CIA 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.

Photo Release: Pictures of my child taken during this event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the diocesan Coordinator of Faith Formation and Youth Ministry to the contrary.

Signature: _____

Signature of Parent or Guardian: _____
(if a minor)

Date: _____