YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME_____ **Gender** _____ **Grade**_____

Address_____ **City** _____

St/Zip_____ **Phone** (____) _____

Age _____ **Birthdate**_____ P**arish**_____

PARENT/LEGAL GUARDIAN'S NAME _____

Address (if different than above) _____

Phone (____) _____ **Cell** (____) _____ **Wk** (_____) _____

I request and give my consent for my son/daughter, _____ to participate in all church/school sponsored activities from _____ through _____, sponsored by _____ and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and _____, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan and/or parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

_____ _____

Date Parent's Signature

My son/daughter is allergic to:_____

My son/daughter takes the following medication (name, dosage):_____

This medication is for:_____

Medication that my son/daughter is allergic to:_____

Last immunization/booster for Diphtheria/Tetanus:_____

Any specific medical problems:_____ Any physical limitations:_____

Family Physician_____Phone (_____)_____

Address_____City/State/Zip_____

Name of Insurance Company_____ Phone (____)_____

Address_____

City/St/Zip_____

Name of Insured_____ Policy #_____

Group or Plan #_____ ☑ I do not have insurance at this time.

Contacts in case of emergency and parent cannot be reached:

Name_____ Cell Phone (_____)_____ Other Phone (____)_____

Name_____ Cell Phone (_____)_____ Other Phone (____)_____

_____ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)

_____ My child has a valid driver's license and may drive to and from events. (Please initial line)

POLICY FOR ADMINISTRATION OF MEDICATIONS BY DIOCESE OF VICTORIA DESIGNEES

This form specifically pertains to "over the counter" medications and prescription medications provided by the legal guardian for participants in parish/diocesan sponsored activities.

A. Medications prescribed by a licensed healthcare provider and dispensed by a registered pharmacist may be administered for the duration of the parish/diocesan activity by authorized diocesan designee and only with this signed Medication Request Form.
B. "Over the Counter" medication provided by the parent may be administered for the duration of the parish/diocesan activity by authorized parish/diocesan designee only with this signed, complete Medication Request Form.
C. A prescribed medication may be administered for as long as the licensed healthcare provider requests based on the directions provided on the prescription. No medication shall be administered after its expiration date has passed.
D. All prescribed and "over the counter" medication **must be in the original container and properly labeled.**
E. Medication Request Form must be signed by the parent or legal guardian.

Please complete this form only if your child will need medication administered during the event. Children MAY NOT keep their own medication with them, except for an epinephrine (epi-) pen, insulin, and/or an inhaler.

MEDICATION REQUEST FORM

Event:_____ Date range of event:_____
Child's Name:_____ Date of Birth:_____

Name of Medication:	Dosage:	Route: (oral, inhaled, etc.)	Time/Frequency Taken:

Will there be any restriction for activities while on any above listed medication? If "yes" please list any restrictions or special instructions:

_____
_____
_____

I consent for this medication to be administered by a parish/diocesan/school employee or volunteer of the Diocese of Victoria. I further release the Diocese of Victoria and its personnel from any liability resulting from any adverse effect that this medication may cause when dispensed at parish/diocesan activities. I understand that if I do not agree to this policy, "over the counter" medications and prescription medications provided by the legal guardian for participants will not be administered at the above mentioned event.

Date:_____ Parent or Legal Guardian Signature:_____