

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS

If you document a condition, please specify which child has that condition.

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses:

Name of any **prescription medications** and concise directions, including dosage and frequency of dosage:

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given: Acetaminophen: Yes/No _____

Ibuprofen: Yes/No _____

Any allergies (food, latex, animals, etc.)? Y N

Allergic to any medications? Y N

If yes, explain: _____

Date of last tetanus shot _____

Contact lenses? Yes/No _____

Any activity restrictions? Yes/No _____ If Yes, what?

Someone other than parent/guardian who may be contacted in case of emergency

Name

Relationship

Phone

Can someone other than parent/guardian pick up the child? Y N

If yes, name & relationship? _____

In case of medical or surgical emergency, I hereby request and give permission to the Catholic Diocese of Owensboro for the hospitalization and/or provision of necessary medical treatment for the above-named child. I understand that I am responsible for the cost of any medical treatment (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Name of Health Insurance Company: _____

Insurance Policy #: _____

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature: _____ Date: _____