

**Permission Form**

_____				M    F
NAME		AGE		SEX
_____				(    )
ADDRESS	CITY	STATE	ZIP	HOME PHONE
_____				Saints John & Paul
SCHOOL	GRADE	BIRTHDATE		PARISH

**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 trip, on \_\_\_\_\_

**MEDICAL AUTHORIZATION**

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to my/our child.

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 Saints John & Paul Parish, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

_____	_____
Parent/Guardian Signature	Parent/Guardian <u>Cell</u> Phone Number

_____	_____
Insurance Company	Policy Number

\_\_\_\_\_

Name and Phone Number of Person if parent/guardian is not available

**OVER>>>**

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

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_ this consent form will remain effective until \_\_\_\_\_

**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 be responsible to administer his/her own medication.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

2) I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) 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?: \_\_\_\_\_

Are you a vegetarian?  YES  NO

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?  YES  NO

If yes explain: \_\_\_\_\_

**OVER>>**