

PERMISSION SLIP FOR ONE DAY TRIP/EVENT

\_\_\_\_\_  
Name of Event

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
School , Grade

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Parish

\_\_\_\_\_  
E-mail Address

**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 event to be held on the date shown, 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 be given 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 the Department of Youth and Young Adult Ministry, the Catholic Institute or the Roman Catholic Diocese of Pittsburgh, Jennifer and Michael Packard, Youth Ministers or Assumption Church in Bellevue for the payment of any medical costs or injury related costs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name and phone number of person if parent/guardian is not available

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. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, fainting?

\_\_yes \_\_no

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