Diocese of Joliet

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the _____ event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Print Name: _____ Birth Date: _____
(youth) (youth)

Allergic to medication/other? NO _____ YES _____

If yes, please describe: _____

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification Number and/or Social Security Number: _____

Authorized Physician: _____ Phone: (___) _____

Signature of Parent/Guardian _____ Date: _____

Address: _____
Street City State Zip

Day Phone: (___) _____ Evening: (___) _____

In Case of Emergency, contact: _____

Phone #'s: _____