

ST. VICTORIA PARISH FAMILY 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.

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given. I wish to be advised prior to any further treatment by the hospital or doctor.

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charge reversed to myself).

Signature: _____ Date: _____

Medications

Please select all that apply:

My child is *not* taking any medication at present.

My child is taking medication at present. Please list all medications and dosage:

My child will need to take medications during the event hours. (Contact Sara for additional form.)

Signature: _____ Date: _____

Please select only one of the following:

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (meds, foods, plants, insects, etc): _____

Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, H1N1, etc? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

St. Victoria Parish Family Permission Form

Name _____ Male/Female ____ Grade ____ DOB _____

Parent/Guardian _____

Address _____

City/Zip _____ Home Phone _____

Other Phone _____

Parent email _____

I am willing to chaperone: (name) _____

We need a few chaperones who are willing to stay the whole night!

4th & 5th Grade Overnight

Date of Event: **Fri, May 5-Sat, May 6** Type of Event: **Overnight mini retreat** Participant Cost: **\$10 (Due w/ form by May 3)**

Destination: **St. Victoria Parish Family**

Arrival Time: **6:00 p.m. Friday** Pick-up Time: **9:00 a.m. Saturday**

Individual(s) in Charge: **Sara Svenby (Assistant Director of Children's Formation, St. Victoria)**

Mode of Transportation to/from event: **Participants need to find their own transportation to and from St. Victoria.**

In case parents cannot be reached at above numbers:

Emergency Contact #1 _____ **Phone** _____ **Relationship** _____

Emergency Contact #2 _____ **Phone** _____ **Relationship** _____

AUTHORIZATION MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND THE YOUTH!!

My son/daughter has permission to participate in the St. Victoria 4th & 5th grade overnight event. I understand such an event does involve some element of risk incidental to such participation, and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Victoria Parish Family, their employees, chaperones, leaders, or drivers except for their negligence. Neither the Archdiocese, St. Victoria Parish Family, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. In the event of an emergency, I hereby authorize emergency treatment to be administered.

I also understand that if my son/daughter exhibits behaviors outside the guidelines set by the leaders that appropriate disciplinary action will be taken. Including and up to me being called and required to pick up my son/daughter early from this event.

I authorize and consent that St. Victoria be permitted to use and publish for advertising, commercial or public purposes the likeness of my son/daughter for any lawful purpose whatsoever, including electronic media and internet websites. I understand that my child's name will not be used in connection with the picture. I hereby release St. Victoria Parish Family from any liability in connection with such use.

Parent/Guardian Signature _____ **Date** _____

I will respect the property of all facilities involved, will not intentionally harm (physically or emotionally) other participants and leaders, and follow all rule of the event and directions given to me by leaders and chaperones.

Participant Signature _____ **Date** _____