CATHOLIC DIOCESE OF PEORIA, IL

PARISH YOUTH PARTICIPANTS AND/OR VOLUNTEERS
MEDICAL PERMISSION FORM

2022-2023

MEDICAL PERMISSION FORM:

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the Peterstown Teens Encounter Christ event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary release as may be required, and to make the necessary referrals to qualified physicians for the 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 the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant/volunteer. 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 injections, anesthesia, or surgery if deemed necessary for my child.

PARTICIPANT/VOLUNTEER NAME: _____ DATE OF BIRTH _____

Allergic to Medication/other? NO ☐ YES ☐ If YES, please describe:

_____

_____

Medication(s) presently taking: _____

_____

Date of last tetanus shot: _____

INSURANCE INFORMATION:

Policy in the name of: _____ Insurance Company _____

Policy Number: _____ I.D. / SSN: _____

Authorized Physician: _____ Phone with area code: _____

Authorized Hospital: _____ Location: _____

Parent/Guardian Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ ☐ Cell ☐ Home

Work Phone: _____ Alternative Phone: _____

In case of emergency contact: _____ Relationship: _____

Phone(s): _____