Coach Copy

DIOCESE OF ALLENTOWN
CYO PARENTAL/GUARDIAN MEDICAL MATTERS FORM

I/we hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I /we assume all responsibility for the health of my child.
Emergency Medical Treatment: In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for emergency medical or surgical treatment. I/we wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the indicated numbers/contact:

Name & Relationship: _____ Phone _____
Family Doctor: _____ Phone: _____

Medical Insurance Information:
Health Care Carrier: _____Group #_____
ID # _____

I /we hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my/our child, if deemed appropriate.

Specific Medical Information: The parish/school should be aware of the following medical conditions. (the parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic Reactions(medications, foods, plants, insects, etc.)_____
Immunizations: (Date of last tetanus,diptheria) _____
Does child have a medically prescribed diet? If yes describe: _____
Any physical limitations? _____
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition:_____
Other medical conditions or my/our child: _____

District Copy

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