

*Coach Copy*

**DIOCESE OF ALLENTOWN  
CYO PARTICIPATION  
PARENTAL/GUARDIAN PERMISSION FORM & RELEASE  
MEDICAL MATTERS**

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 Plan Carrier: \_\_\_\_\_ Group# \_\_\_\_\_ I.D. \_\_\_\_\_

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/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, chicken pox, etc.? If so, date and disease or condition: \_\_\_\_\_

Other medical conditions of my (our) child: \_\_\_\_\_

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*District Copy*

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