



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 _____ All SSPP Youth Group _____ 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: _____			

I understand that it is my responsibility to notify the Youth Minister if my child's medical condition changes or the above information becomes outdated for future events.