

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name _____ Parish _____

Address _____ Phone _____
(street, city, zip)

School _____ Grade _____ Birth Date _____

Parent/Guardians Name _____ Home Phone _____

Address _____ Cell Phone _____
(street, city, zip)

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Phone _____

Address _____

Medical Plan _____ Plan Number _____

Does your child have any special needs or learning disabilities? If so, which _____

Proof of diagnosis submitted. _____ Date _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency _____

Is your child allergic to any foods (i.e. peanuts, dairy, seafood)? _____

Is your child taking ongoing medication and state the type and frequency of medication given? _____

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes

Ears Nose Throat Lungs Digestion

Other _____

List any physical restriction or restriction for any activity based on medical condition: _____

State the date of your child's last physical examination: _____