

# Youth Parent/Guardian Consent Form

2018-19 Grouping 210 412Youth events

Name	Birthdate	Age	Sex
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Address	City	State	Zip	Phone
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		412Youth - Grouping 210		
School	Grade	Parish/Group		

Program Name and Date

**PARENTS ARE EXPECTED TO DROP OFF AND PICK UP THEIR CHILDREN AT THE LOCATION (unless otherwise specified).**

## PERMISSION

I/We the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned program on the above written dates.

## MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves, for my/our child, our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of Saint Elizabeth Ann Seton Parish and Grouping 210 from any and all claims, demands, and courses of action of whatever kind and nature for their actions taken pursuant to this authority.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Grouping 210 parishes or the Roman Catholic Diocese of Pittsburgh, for payment of any medical costs or injury related costs.

Parent/Guardian Signature	Phone Number
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Insurance Company	Policy Number	Group Number
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Special Instructions (For example: Let us know if pre-authorization is needed for medical illness or emergency)

Name & Phone number of a person to notify if parent is not available.

**TO BE ACCEPTED, BOTH SIDES OF THIS FORM MUST BE COMPLETELY FILLED OUT!**

## CONSENT TO TREAT

I/we the undersigned parent(s)/guardian(s) of \_\_\_\_\_  
hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or  
illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Father/Legal Guardian Signature OR \_\_\_\_\_  
Mother/Legal Guardian Signature

Today's Date \_\_\_\_\_ This consent form will remain in effect until \_\_\_\_\_

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I  
assume all responsibility for health of my child. Of the following statements pertaining to medical matters,  
**sign only those in accordance with your wishes.**

1) Medication by prescription: My child is taking medication at present. My child will bring all such  
medication necessary, and such medication will be well labeled. Names of medications and concise  
directions for seeing that the child takes such medications, including dosage and frequency of dosage is as  
follows:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2.) Over the counter medications: I hereby grant permission for non-prescription medication (such as  
Tylenol, throat lozenges, cough syrup, etc.) to be given to my child, if deemed advisable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3.) No medication. No medication of any type whether prescription or non-prescription medication may  
be administered to my child unless the situation is life threatening and emergency treatment is  
required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any known allergies to food or medications? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any dietary needs? (For example: Let us know if you are diabetic, vegetarian, etc.)

\_\_\_\_\_

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, or  
fainting? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain. \_\_\_\_\_

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