

Diocese of Crookston Youth Conference Youth Medical Matters Form

Youth Participant's Last Name _____ First Name _____

I hereby warrant that to the best of my knowledge, my child is in good health.

Parent Signature → _____

The Diocese of Crookston will take reasonable care to see that the following information will be used only for its intended purpose and shall not be released to a third party unless necessary for medical treatment of the child.

A. Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. In the event of an emergency where I am unable to make a decision please contact:

Name & Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy # _____ Group # _____

B. Medications – Please Read Carefully

____ **Initial Here if:** My child is taking medications at present time: My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions, including dosage and frequency of dosage, are as follows: _____

Please read carefully before

____ **Initial Here if** **NO MEDICATION** of any type, whether prescription or non, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Please read carefully before

____ **Initial Here if:** I hereby **GRANT PERMISSION** for non-prescription medication to be given to my child, if deemed necessary.

C. Special Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.) _____

*Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

You should be aware of these special medical conditions of my child: _____
