

**Catholics in Action**  
**Parent Permission and Team Health/Medical Release Form 2007**  
Personal Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(If under 18)

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

In case of emergency, and I (we) are not available please notify:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy No: \_\_\_\_\_

(Please attach a copy of your insurance card.)

**Health Information**

Please circle any illnesses, allergies, or medication reactions you have experienced and give approximate dates.

Ear infections

chicken pox

measles

German measles

penicillin

any other:

hay fever

poison ivy

insects

mumps

other medications

rheumatic fever

diabetes

convulsions

asthma

behavioral problems

**IMMUNIZATIONS:**

(Please list dates as accurately as possible)

DTP Series Booster

Tetanus Booster

Polio OPV Booster

TB Test

(over)

Please list any operations or serious injuries and the dates they occurred:

Please list any chronic or recurring illness:

Are there any other health, medical or dietary considerations?

Any activity restrictions?

If needed, my child may be given (circle each approved): ASPIRIN    TYLENOL    ADVIL

### **Acknowledgement Statement**

I, \_\_\_\_\_, give permission for my son/daughter, \_\_\_\_\_, to participate in the 2007 Catholics In Action service program sponsored by the Diocese of Davenport, to be held June 24 to 26, 2007, at St. Mary Parish in Riverside, Iowa. In the event of sickness or accident, the adults supervising the Catholics in Action program have my permission to secure medical care for my child. I understand that my child will be transported by an adult from my parish, both to and from St. Mary Parish in Riverside, and to service projects within the Diocese. I hereby release the Diocese of Davenport and all adult sponsors from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event.

I submit that his health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned CIA activities, except as noted by me or an examining physician.

In the event of an emergency, I hereby give permission to the physician selected by the youth director to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself, if of majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

Photo Release: Pictures of my child taken during this event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the diocesan Coordinator of Faith Formation and Youth Ministry to the contrary.

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

Signature of Parent or Guardian: \_\_\_\_\_  
(if a minor)

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