

Parent Document regarding Medical Matters of Child

I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

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 further treatment by the hospital or doctor. In event of an emergency, contact me:

Name & relationship: _____

Phone: _____ Cell Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____

Policy Number: _____

Signature: _____ Date: _____

If you are unable to reach me, contact:

Name & relationship: _____

Phone: _____ Cell Phone: _____

Other Medical Treatment:

In the event it comes to the attention of the Sisters of St. Basil, their officers, directors and agents, chaperons, or representatives associated with the Pilgrimage activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications:

My child is taking medications. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that child takes such medications, including dosage and frequency of dosage will be the responsibility of my designated guardian.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate:

Signature: _____ Date: _____

Special medical conditions of my child:

Signature: _____ Date: _____