

Date _____
Withdrawal date _____

DIOCESE OF ARLINGTON
PERMISSION FOR EMERGENCY CARE
To be completed by parent/guardian at beginning of school year

NAME OF YOUTH _____
First Last Nickname

ADDRESS _____
Street city state zip code

HOME PHONE _____ PARENT E-MAIL _____

STUDENT E-MAIL _____ STUDENT'S DATE OF BIRTH _____

H.S. GRAD YEAR _____ SCHOOL _____ M _____ F _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

PARENT'S ADDRESS (if different from student) _____

CHILD'S ALLERGIES (if any) _____

CHILD'S DOCTOR _____ DR.'S PHONE NUMBER _____

OUTSTANDING MEDICAL HISTORY (e.g., diabetes, heart disease, contact lenses, hearing aids, etc.)

MEDICATIONS CHILD IS TAKING _____

THE ADULT LEADER HAS MY PERMISSION TO GIVE THE FOLLOWING MEDICATIONS TO MY CHILD IF NEEDED (please circle)

TYLENOL BENEDRYL ALEVE NEOSPORIN IBUPROFEN

INSURANCE COMPANY _____ POLICY # _____

Emergency contacts: In the event a parent cannot be reached, please give the name and phone number of two persons who could pick up and take your child home in a timely manner.

1) Name _____ Relationship _____ Phone _____

2) Name _____ Relationship _____ Phone _____

Please initial here if it is permissible for the adult leader in charge to take your child home if needed _____

Needs Sacraments (Please Circle): Baptism Reconciliation Eucharist Confirmation

We need parent help with different activities throughout the year. Please check here if you are willing to help out when called upon. We will call in advance to let you know when we need you. _____

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the parish has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.

Signature of Parent

Date