

APPENDIX 10 - CHILDREN/YOUTH HEALTH INFORMATION AND PARENT/GUARDIAN CONSENT

Family Name: _____

Family Doctor: _____ Doctor's Phone _____

Child/Youth 1 - Name: _____
Last name First name

Health #: _____

Allergies: _____

Medications Required (including epi-pen and/or Asthma Inhaler etc.):

Dietary Restrictions: _____

Chronic conditions or recent illnesses of which the parish ministry personnel should be aware:

Child/Youth 2 - Name: _____
Last name First name

Health #: _____

Allergies: _____

Medications Required (including epi-pen and/or Asthma Inhaler etc.):

Dietary Restrictions: _____

Chronic conditions or recent illnesses of which the parish ministry personnel should be aware:

Child/Youth 3 - Name: _____
Last name First name

Health #: _____

Allergies: _____

Medications Required (including epi-pen and/or Asthma Inhaler etc.):

Dietary Restrictions: _____

Chronic conditions or recent illnesses of which the parish ministry personnel should be aware:

Child/Youth 4 - Name: _____
Last name First name

Health #: _____

Allergies: _____

Medications Required (including epi-pen and/or Asthma Inhaler etc.):

Dietary Restrictions: _____

Chronic conditions or recent illnesses of which the parish ministry personnel should be aware:

Cont. Appendix 10 – Children/Youth Health Information and Parent/Guardian Consent

Medications: Any medication (over the counter and/or prescribed) required by your child or youth must be brought with them in original packaging with dosage instructions and clearly labeled with their name. Medications are to be given to the Ministry Personnel or first aid provider upon arrival at the activity/event for storage. The Ministry Personnel or first aid provider will supervise the taking of medication by the child or youth according to instructions provided. Participants must be willing to take their medication. They will not be given any medication that is not provided by their parents/guardians.

Note: If the participant has been treated by a physician for an illness or injury within one month of the date of an activity, it is recommended that a doctor’s note is sent giving permission for the child or youth to participate.

PERMISSION TO PICK UP CHILD(REN)/YOUTH

The Diocese strives to provide the safest possible environment for your child(ren)/youth. In keeping with that goal, Ministry Personnel will only release your child(ren)/youth to individuals who have been authorized by you to pick up your child(ren)/youth after Diocesan or Parish activities.

a) My child(ren)/youth has my permission to make his/her own way home: Please initial _____

b) In the space below, please list up to four people who may pick up your child(ren)/youth.

1. _____ 2. _____

3. _____ 4. _____

PARENT/GUARDIAN CONSENT

I hereby authorize parish ministry representative to secure such medical advice and services (e.g., contacting EMS/ambulance) as may be deemed necessary for the health and safety of myself or my child/ward during activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial health plan.

Signature of parent/guardian: _____ **Date:** _____

- **Please update ministry personnel regarding any changes to your child’s/youth’s medical information.**

NOTE TO PARISH MINISTRY PERSONNEL:

Attach this form to the registration form for each family and bring with you to all off-site activities. Copies can be made if participants are attending different groups/activities.

Securely destroy this form at the end of the program year or return to parent/guardian.