Diocese of	Orlando Parental/(	guardian Medical Information & Consent For	m
Participant's Name:		Date of Birth:	
		City/State/Zip	
Home Phone:		·	
		Phone:	
		Phone:	
the health of my child. I	est of my knowledge, all the inf	Medical Matters formation provided is true and correct and I assume all responsibility to update the Medical Information & Consent Form if there are	
Emergency Medical Tr	eatment		
In the event of an emergory surgical treatment. ( <i>Plea</i>		to transport my child to a hospital/clinic for emergency medical or	
Family Doctor		Phone	
Medications			
[NOTE: Any/all prescrip label. Non-prescription/	tion medications must be in origover-the-counter medications mess (entity name)  persentatives from any injury or	e following provided medications. All medications must be well lab ginal pharmacy container with young person's name on the prescri- nust be in original container with young person's name on the conta- , the Diocese of Orlando and any other religious, emplo or harm resulting from administering the medication.	iption ainer.]
Names of medications and	concise directions for seeing that	the child takes such medications, including dosage and frequency, are as	s follows:
		Administer:	
		Administer:	
		Administer:	
shared with Diocesan per My son/daughter:  Is allergic to the following per Has had a medical series and a medically pre Has the following per Has the fol	owing medications of the following or has been dia ctions to the following (foods, durgery within the last six month scribed diet (please explain) hysical limitations ent and up to date? □ Yes □ N	steps will be taken to keep this information confidential, but it will d.)  agnosed with:   Seizures  Asthma  Diabetic dyes, latex, etc.)  as?  Yes  No  Still under doctor's care?  Yes  No  No  Date of last tetanus/diphtheria immunization  conditions of my child:	
☐ I do carry medical insurance Carrier:  Insurance Policy Numb	nedical insurance at this time. insurance at this time. er:	Name of Insured:	
		is Medical Information & Consent Form knowingly, freely, and wi	
Parent/Guardian Signature	c (must sign for any participant under 1	18 &/or 18 or older & in high school) Date	4/2013