Annunciation Youth Ministries
Senior High 2009-2010
UNIVERSAL MEDICAL FORM & UNIVERSAL PERMISSION SLIP
612-824-9993 ext. 243

Name: _____

Phone: _____ Age: _____ Birth date: _____

School: _____ Grade: _____ Cell Phone: _____

E-Mail: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone: (Daytime) _____ (Cell) _____

Father's Name: _____ Phone: (Daytime) _____ (Cell) _____

Doctor's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies, Disease, Disorders, Disabilities? Please specify: _____

_____

Will you be bringing and/or using any medication while on the trip? Yes No
If YES, Please explain (ALL information CONFIDENTIAL):

Insurance Company and Policy Number: _____

Names and Phone numbers of 2 relatives and/or friends to contact if parents cannot be reached:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

FOR PARENTS:
I give permission for my child _____ to take part in the SENIOR HIGH MINISTRY PROGRAM 2009-2010 sponsored by Church of the Annunciation. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and so hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, the Church of the Annunciation, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors and the persons transporting our child to and/ or from these activities. Neither the Archdiocese of St. Paul and Minneapolis, the Church of the Annunciation, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity. We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and we cannot be contacted, we hereby authorize that emergency treatment may be administered.

I UNDERSTAND IF THERE ARE ANY CHANGES DURING THE YEAR 2009-2010 IT IS THE PARENTS OR YOUTHS RESPONSIBLILTY TO UPDATE THIS INFORMATION WITH AYM.

PARENT SIGNATURE: _____

Medical Matters: 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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of St. Paul & Minneapolis, chaperones, or representatives associated with the 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 medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage and the medications will be given to the director of Youth Ministry for distribution.

Signature _____ Date _____

Please read carefully and select <u>one</u> of the following options:

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 _____

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 _____