



5620 Gollihard Rd.
 Corpus Christi, TX
 (361) 993-4126
 vvam@stpiusxcc.or

ST. PIUS X

Parent/Guardian Permission and Health History Form

If this form has been automatically filled in for you, please review the information carefully, then check one:

- All of the information on this form is already correct, and I only need to sign it.
 I am making corrections or additions to this information and then signing it.

Please use the space provided **ON THE BACK** to make corrections or additions.

FULL NAME _____
 ADDRESS _____
 CITY _____ ZIP _____ SEX _____ DATE OF BIRTH _____
 SCHOOL _____ GRADE _____ GRADUATION YEAR _____ T-SHIRT SIZE (Adult) _____
 YOUTH'S E-MAIL ADDRESS _____
 HOME PHONE _____ YOUTH'S CELL PHONE _____
 PARENT/GUARDIAN NAME _____ DAY PHONE _____ EVE PHONE _____

In case of emergency, whom should we contact? (if unable to reach parent/guardian)

Name _____ Relationship: _____ Phone Number: _____
 Name _____ Relationship: _____ Phone Number: _____

Health Information

Participants' Doctor: _____ Phone Number: _____
 Insurance Co. Name: _____ Medical Insurance Id #: _____
 Cardholder's Name: _____ Group Number: _____

Special Need – All information will be held in strict confidence.
 Participant's allergies, if any, including medication and foods: _____
 Participant's chronic medical problems (e.g. diabetes, epilepsy): _____
 Participant's other physical restriction (if any): _____
 Other Notes: _____

I, _____, grant permission for my child, _____, to travel to and
(parent/guardian) *(child's full name)*
 participate in the _____ to be held on _____, from _____ to _____,
(name of the event) *(date of the event)* *(time of the event)*
 taking place at _____.
(location of the event)

Legal Guardian Signature _____ **Date** _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Pius X Church, its officers, directors, employees and agents, and the Diocese of Corpus Christi, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Corpus Christi, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Legal Guardian Signature _____ **Date** _____

Consent for Medical Treatment

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

Current medications: My child is presently 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 the child takes such medications, including dosage and frequency of dosage, are as follows:

Parent/Guardian signature (required for dispensing any medication)

Signature _____ Date _____

Non-Prescription Medications: I hereby grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by supervising personnel.

Signature _____ Date _____

I do NOT want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature _____ Date _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named participant.

Photography Consent

As parent/guardian, I understand that promotional pictures and video (individual and group) will be taken during this events. I hereby give permission for my child's picture to be taken and used for promotional material (promo video, web site, etc.)

Name (PLEASE PRINT) _____

Signature _____ Date _____

Please Make Corrections Here

ADDRESS _____

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