

Youth Permission and Travel Form

Youth's Name _____ Date of Birth _____ Gender M or F

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-mail Address _____

Current Grade in School _____

PERMISSION TO TRAVEL

I, _____ grant permission for my child, _____ to participate in the below described parish event and youth activities. A brief description of the activity follows:

Description of event: ABLAZE 2015 Eucharistic Centered Retreat

Date of event: January 30, 31, February 1, 2015

Destination of event: St. Monica Catholic Church, Family Center

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

****PLEASE ATTACH A PHOTOCOPY OF YOUR HEALTH INSURANCE CARD, FRONT AND BACK AND FILL OUT THE INFORMATION BELOW.****

Youth Participant's Name: _____

Insurance Carrier: _____

Policy Number: _____ Insurance ID Number: _____

Social Security # (optional): _____

Medications: INITIAL All that Apply – Note: DO NOT INITIAL ALL AREAS AS ONE MAY CANCEL OUT ANOTHER

_____ This child takes no medication and will bring no medication with him/her.

_____ This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below:

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

_____ This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

_____ **No medication of any type** whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

_____ I **grant permission** for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever Yes _____ No _____ # of tablets per dosage _____
Throat Lozenge Yes _____ No _____
Decongestant Yes _____ No _____ # of tablets per dosage _____
Antacid Yes _____ No _____
Antihistamine Yes _____ No _____ # of tablets per dosage _____
Other _____ Dosage _____

Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Any physical limitations: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N
If so, date and disease or condition. _____

Any other special medical conditions of this youth that we should be aware of?

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Name of Parent/Guardian/Conservator

Phone Number

Address

Mobile or Add'l Phone Number

Name of Additional Emergency Contact

Phone Number

Signature of Parent/Guardian/Conservator

Date Signed

Notary is required for all out of state trips.

Witnessed by me _____, this _____ day of _____, _____ (year)

Notary's Signature: _____

Notary's Seal: