

St. Paul's HUNGER STRIKE 2024

Retreat – April 20 & 21, 2024

Medical Information Request, Medical Release AND Medical Authorization Form

To better serve your child, and to be prepared if needed, we ask you to complete this form. This information will not be disclosed to any person or entity unless medically required. Medications your child takes must be placed in a Ziploc bag clearly marked with student's name and dosage instructions.

Name of Participant: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Known Medical Conditions: _____

Medications (Current use): _____

Food and Drug Allergies: _____

Other Allergies _____

Emergency Contact Information:

Emergency Contact: _____ Relationship to Participant: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact _____ Relationship to Participant: _____

Home Phone: _____ Mobile Phone: _____

Physician's Name _____ Physician's Phone: _____

Insurance Company: _____ ID# _____

Policy Holder's Name: _____ Relationship to Participant: _____

Group/Policy #: _____

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____ (parent/guardian) hereby grant permission for any and all medical and/or dental attention to be administered to my child(ren), _____ in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

I also give my permission to the staff to administer Tylenol/Acetaminophen, Motrin/Ibuprofen, Benadryl (Diphenhydramine) or over the counter antacids, as needed.

Signature _____ Date _____

Relationship to Participant: _____ Phone Number: _____