

# St. Paul's HUNGER STRIKE 2026

Retreat – March 28 & 29, 2026

## 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: \_\_\_\_\_