

Medical Form
Church of the Good Shepherd
Program Year 2008-2009

Name: _____ Age: _____

Date of Birth: _____ Phone: (859) _____

Medical/Hospital Insurance Carrier _____
Please attach copy of insurance card

Allergies: _____

Medications on: _____

Medical Conditions: _____

Name of person to contact in an emergency:

| | | |
|-------------|-------------|--------------------|
| _____ | (859) _____ | (859) _____ |
| <i>Name</i> | <i>cell</i> | <i>other phone</i> |

| | | |
|-------------|-------------|--------------------|
| _____ | (859) _____ | (859) _____ |
| <i>Name</i> | <i>cell</i> | <i>other phone</i> |

Physician: _____ Phone: _____

Date of last Tetanus: _____

I, _____, authorize medical care for my child, _____
_____ or myself in case of an emergency and authorize an adult from Good
Shepherd to seek medical attention including x-rays, anesthetics, medical or surgical care or
treatment and hospital care deemed advisable by a qualified physician or local hospital for my
child or myself while on a Good Shepherd event. I also authorize any hospital or medical care
to treat my child or myself if it becomes necessary. I will assume responsibility for fees incurred
by such an emergency.

Signature: _____ Relationship to child: _____

Date: _____

Home Phone: (859) _____ Cell Phone: (859) _____

Work Phone: (859) _____

Witness Signature: _____ Date: _____

Permission to give Medicine

The adult chaperones on any Good Shepherd Event or trip have my permission to give my child, _____, the following over the counter medications:

_____Bendryl _____Anti-diarrhea _____Anti-Nausea
_____Tylenol _____Ibuprophen

Any Prescription Medications, your child will be responsible for carrying and handling.

Signed: _____ Date _____

Is the person attending allergic to bee stings? _____

Is there a medication that the person should have with him/her at all times? _____

If so what? _____

Food Allergies: _____

We will count on the person attending to be aware of any food allergies and be responsible for avoiding the food, but if we aware we can help him/her be watchful.

Permission for Activities

The undersigned parent or legal guardian of _____, a minor child, does hereby grant permission for the said child to engage in the various activities sponsored by Church of the Good Shepherd for its Youth Programs (Posse, Rite-13, J2A, or YAC groups), including, but not limited to, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with the Church of the Good Shepherd's Youth.

Dated this _____ day of _____, 20 ____

Parent or legal guardian