

GRADE _____

Boy Girl

CIRCLE ONE

DIOCESE OF OAKLAND
CATHOLIC YOUTH ORGANIZATION (CYO)
PARENTAL PERMISSION HEALTH AUTHORIZATION RELEASE FORM

THERE MUST BE A COPY OF THIS FORM AT ALL CYO ACTIVITIES

Child's Name _____ Parish: ST. IGNATIUS

DO YOU ATTEND ST. IGNATIUS: Y / N

Address _____ ANTIOCH 94531 Home Phone () - .
(Street, Zip code - circle one 94509)

School _____ Birth Date ___ / ___ / ___

Parent/Guardian Name _____ Mobile Phone () - .

Address _____ Work Phone () - .
(Write "SAME" if you live w/ child) Alternate # () - .

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____

Phone () - .

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No
If you selected NO, state reasons why you do not want medical care given to your child in an emergency:

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type of medication given: _____

Has your child had difficulty with the following? (Check all that apply)

- Asthma Fainting Spells Convulsions Diabetes Heart Eyes
Ears Nose Throat Lungs Digestion
Menstrual Problems Other _____

List any physical restriction or restriction for any sport activity on the basis of medical condition: _____

State the date of your child's last physical examination: _____

IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY SPORTS ACTIVITY

(COMPLETE BACK OF FORM)

OFFICE USE ONLY:

Map _____

Proof of Residence _____

Birth Certificate _____

