Diocese of La Crosse
Child Comprehensive Medical Release & Permission Form

Contact Information

Name: ____ Date of Birth: ____/____/____ ☐ Male ☐ Female

Parish Name/City: Saint Therese of the Child Jesus Parish, Rothschild Year of Graduation: _______________

Address: ____ City: ____________________ State: ____ Zip: _________

Phone #: ______________________ (Home) E-mail Address: ____

Mother's name: _________________ Phone: (H) ______________ (W) ______________ (C)______________

Father's name: _________________ Phone: (H) ______________ (W) ______________ (C)______________

Emergency Contact: ____ Relationship: _____________________________

Emergency Contact Phone: (H) ________________ (W) ________________ (C)________________

Physician: _______________________ Clinic/Hospital: ______________________ Office Phone: _________________

Medical Insurance Company: ____ Policy #: ________________________

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit a participant's participation in any way, please submit your wishes in writing prior to the trip.

1. Is the participant in good health and able to participate in normal activities? ☐ Yes ☐ No
   If not, please submit a statement indicating limitations and/or restrictions.
2. Please give the date of the participant's most recent physical examination: ________________
3. Immunization History (Please give dates)
   Date of last Tetanus Shot: _____________
   Please fill in below only for foreign mission trips:
   DPT ________ DPT Booster _________ Polio Booster _________ Polio Series _________
   Other, if any necessary, for specific trip: ____
   *Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.
4. Allergies
   Pollens _____ Medications _____ Food _____ Insect bites _____
   Please note specifics: ____
5. Has the participant ever suffered from or been treated for any of the following:
   Asthma _____ Epilepsy/seizure disorder _____ Heart trouble _____
   Diabetes _____ Frequently upset stomach _____ Physical handicap _____
   Depression _____ Emotional/Mental Disorder _____ Other _____________________
6. Operations, serious injuries, or major illnesses in the past year:
   ____ Dates: _____________________________
7. Is the participant subject to chronic homesickness, emotional reactions to new situations (sleepwalking, bedwetting, fainting)? ____
8. Has the participant recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, list date and disease or condition: ____
9. Does the participant have a medically prescribed diet? ☐ Yes ☐ No
10. The participant is a ☐ swimmer ☐ non-swimmer

Medical Treatment

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

Initials of Parent/Guardian: ________ Date: ____/____/____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Initials of Parent/Guardian: ________ Date: ____/____/____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and
frequency of dosage, are as follows: ____

Initials of Parent/Guardian: ________ Date: ____/____/____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Initials of Parent/Guardian: ________ Date: ___/___/___

OR

I hereby grant permission for non-prescription medication (such as aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Initials of Parent/Guardian: ________ Date: ___/___/___

Parental/Guardian Consent and Liability for Minors

I, ________________________, grant permission for my child, _______________________ to participate in this
Parent or Guardians Name — Child's Name

diocesan/parish event. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from Saint Therese of the Child Jesus Parish.

A brief description of the activity follows:

Type of activity:	St. Therese Fall Clean-Up of the Church Grounds –
When:	October 8th, 2022, from 9 AM - Noon
Individuals in Charge:	Marcy Stenstrom - cell 715-409-1732

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Therese Parish, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature of Parent/Guardian: ____ Date: ____/____/____