

**ST. RITA YOUTH MINISTRY
MEDICAL & MEDIA CONSENT FORM**

AUTHORIZATION OF CONSENT TO TREAT MINOR

I, _____ am the ___ parent ___ guardian or ___ conservator of _____, a minor, and as such do hereby authorize _____ (Parish), its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth (*with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts*), it does encourage parental consent. Additionally, current video recordings and photographs assist law enforcement agencies dealing with the Missing Children's Program. I ___ consent / ___ do not consent (check one) to the use of such materials in which my child may appear. I release the staff and volunteers of _____ (parish) and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

****PLEASE ATTACH A PHOTOCOPY OF YOUR HEALTH INSURANCE CARD,
FRONT AND BACK AND FILL OUT THE INFORMATION BELOW.****

Youth Participant's Name: _____

Insurance Carrier: _____

Policy Number: _____ **Insurance ID Number:** _____

Medications: INITIAL All that Apply – Note: DO NOT INITIAL ALL AREAS AS ONE MAY CANCEL OUT ANOTHER

_____ This child takes no medication and will bring no medication with him/her.

_____ This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below:

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes

unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

_____ This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

_____ **No medication of any type** whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

_____ **I grant permission** for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever Yes _____ No _____ # of tablets per dosage _____
Throat Lozenge Yes _____ No _____
Decongestant Yes _____ No _____ # of tablets per dosage _____
Antacid Yes _____ No _____
Antihistamine Yes _____ No _____ # of tablets per dosage _____
Other _____ Dosage _____

Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Any physical limitations: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N
If so, date and disease or condition. _____

Is there any other special medical condition of this youth that we should be aware of?

Name of Parent/Guardian/Conservator

Phone Number

Address

Mobile or Add'l Phone Number

Name of Additional Emergency Contact

Phone Number

Signature of Parent/Guardian/Conservator

Date Signed