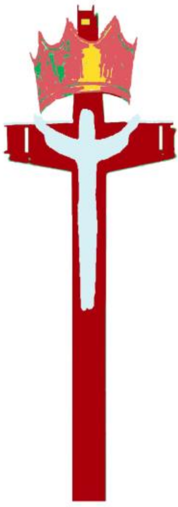

Christ the King Retreat Center
Medical Consent and Permission to Treat

Participants Name: ____
Date of Birth: ___________________________ Sex: ______________________________
My son/daughter is allergic to: ____

In the Event of an Emergency, please contact:
Parent/Guardian's Name: ____
Home Address: ____
Contact Number 1:______________________ Contact Number 2:__________________

2nd contact:
Name: ________________________________ Relationship: ______________________
Contact Number 1:_____________________ Contact Number 2:_________________

Please include a photocopy of your insurance Card, front and back.
Insurance Carrier: __________________________________ Policy Number _____________________
Family Doctor: _____________________________________ Phone Number_____________________

________ to the best of my knowledge, my child ___________________________ is in good health,
(Initial) and I assume all responsibility for the health of my child.
________In the event of an emergency, I hereby give permission to transport my child to a hospital
(Initial) for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

My son/daughter is taking the following medication(s). I have clearly labeled all medication needed by my son/daughter to include directions, dosage, frequency, and storage. The information for the medication is as follows:
Med. #1:____
Med #2:____
Med #3:____
________I also grant permission for any non-prescription medication, i.e.; cough drops, Tylenol, cough (Initial) syrup, etc.) To be given to my son/daughter if necessary.
________I grant permission for my son/daughter to be given Aspirin.
(Initial)
________My son's/daughter's immunizations are current and up to date.
(Initial)
My son has the following physical limitations: ____
My son/daughter experience homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. ____________yes ______________no
Please explain: ____

Signature of Parent/Guardian___________________________________ Date: _______________