

**ST. HUBERT CATHOLIC COMMUNITY
EMERGENCY CONTACT & MEDICAL MATTERS**

Childs Name _____

Parents Name _____ Cell Phone _____

Email Address _____

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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship (please provide two):

_____ Phone: _____

_____ Phone: _____

Medications

Please select only one of the following:

My child is *not* taking medication at present.

My child is taking medication at present.

Please list medication &

dosage _____

Please select only one of the following:

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.

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

Specific Medical Information:

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

Does child have a medically prescribed diet?

Any physical limitations?

You should be aware of these special medical conditions of my child:

Parent/Guardian Signature _____ Date: _____