

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the Totus Tuus event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Insurance Information

Policy Holder (in the name of) _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician _____

Phone #: _____

Authorized Hospital: _____

Parent/Guardian Signature: _____

Date: _____

In case of emergency, when parents can't be reached, please contact: _____

Relationship to child: _____

Phone #s _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: _____

Date: _____