

**St. Athanasios GOYA – Paramus, NJ
Health Permission Form 2009-2010**

GOYAN's Name _____
(Last) (First)

Date of Birth _____

Address _____

Mother's Name _____ Tel# _____

Mother's Place of Employment _____ Tel# _____

Mother's Cell Phone# _____

Father's Name _____ Tel# _____

Father's Place of Employment _____ Tel# _____

Father's Cell Phone# _____

Physician's Name _____ Tel# _____

Hospital of Choice _____ Tel# _____

Dentist's Name _____ Tel# _____

Any Medical Problems? _____

Is your child taking either prescription or over-the-counter medication on a regular basis? *(Please Circle)*
Yes / No

Name of Drug(s) _____

Is your child allergic to any drugs? *(Please Circle)* Yes / No

Name of Drug(s) _____

Other Allergies _____

Type of Reaction (Be Specific)

List names of telephone numbers of two persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons may have to make a medical decision.

1. Name _____ Tel# _____

2. Name _____ Tel# _____

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EMERGENCY MEDICAL TREATMENT

To the Advisors, Coaches and Clergy:

In the event that I am unable to be reached and my child needs **EMERGENCY MEDICAL TREATMENT** during my time he/she participates in GOYA, you have the permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of your and the doctor's actions relating to my child's illness/injury, and I assume and agree to pay for any professional medical services and other fees or costs incurred.

Date _____ Parent's/Guardian's Signature _____

Permission for emergency medical treatment will be effective throughout the GOYAN's enrollment. If there is any change of information, please contact either the Clergy or the Advisors.

Your Insurance Company: _____

Group Identification #: _____ Member #: _____

Telephone # _____