CONSENT TO TREAT

This parental consent form will be effective for the below student/child during
St. Matthias Parish's *Catholic Vision of Love Retreat* on Saturday, Oct. 16, 2021, at St. Hugh Church in Carmichaels, PA, from 9:15am to 2:30pm.

**PARENT MUST PICK UP HIS/HER CHILD FROM THE SOCIAL HALL / CHURCH BASEMENT.
Students will NOT be dismissed to the parking lot without his/her parent/guardian.

_____

Name of Student/Child Date of Birth

_____

Father/Legal Guardian Mother/Legal Guardian

I/We hereby warrant that to the best of my/our knowledge that my/our child is in good health, and I/we assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, check and sign only those in accordance with your wishes ...

1)_____My/Our child is taking medication at present. My/Our child will bring all such necessary medication and will be well labeled. My/Our child will administer his/her own medication.

_____

Signature Date

2)_____I/ We hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup, etc.) to be given to my child if deemed advisable.

_____

Signature Date

3)_____No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.
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_____

Signature Date

Any known allergies (i.e. medicine, food, etc.)?

____YES ____NO If yes explain: _____

Any physical or emotional limitations (i.e. chronic homesickness, fainting, etc.)?

____YES ____NO If yes explain: _____