

Medical Information & Release Form

For _____ (Child's Name)

The undersigned PARENT/LEGAL GUARDIAN (hereafter the "Parent") hereby agrees to the following:

1. GENERAL RELEASE AND LIABILITY: Parent releases SCCHE & Alhambra Sacred Heart Retreat House (hereafter the "SCCHE" including its officers, directors, employees, volunteers and other agents) from any liability for injuries or other damages the participating child/youth suffers arising out of or connected with the youth's participation and attendance at the SCCHE Teen Track.
2. FIRST AID: Parent hereby grants SCCHE permission to give or obtain for the participating youth emergency first aid treatment and any other treatment reasonably necessary under the circumstances. This includes permission to engage professional assistance and treatment, such as ambulance, urgent care, hospital, and physician care, all at the undersigned's cost and expense. In such event SCCHE will make reasonable efforts to contact the parent/guardian or other emergency contact person listed.
3. HEALTH HISTORY: in the designated area below, please note any special or medical conditions that your youth has that we should be aware of.

Parent/Guardian Signature:

_____ Cell# _____

Parent/Guardian Printed Name:

Emergency Contact Name/Cell#/Relationship:

Age: _____ Grade Entering in Fall: _____

HEALTH INFORMATION:

Does the above named youth have any allergies (food, medication, etc.)? ___yes, ___no.
If yes, please list:

Does the above named youth take any medications? ___yes, ___no

If yes, please list:

Medication _____ Dosage: _____ Frequency: _____

What is it for? _____

Medication _____ Dosage: _____ Frequency: _____

What is it for? _____

Does the above named youth need assistance with the administration of the above medications? ___ yes, ___no

If yes, a parent must return at the necessary times to administer the medication. Please initial: ___

Please list any other medical conditions and/or special needs:

Date of last Tetanus Shot: _____

Insurance Information:

Medical Insurance Co. _____ Phone #: _____

Group Name: _____ Policy Number: _____

SCCHE Teen Track Permission Slip

Students' Name (please print): _____
Parents' Name (please print): _____
Phone # : Home: _____ Cell: _____ Other: _____

Please Check all of the appropriate statements that apply and fill in the blanks as necessary:

- ____ I will be attending the Friday night social.
- ____ I will be attending the SCCHE Conference and staying the entire day.
- ____ I will be attending the SCCHE Conference, but leaving at ____:____ , my teen has my permission to leave with _____ at ____:____ , am / pm (circle)
- ____ I will **NOT** be attending the SCCHE Conference, but _____ has my permission to be responsible for my teen and take my teen home at ____:____ , am / pm (circle)

Parent Agreement:

I, the undersigned, and the parent/legal guardian of _____ .

I give permission for my son/daughter to attend the SCCHE Teen Track at Alhambra Sacred Heart Retreat House on June 26-28, 2009.

I understand that I (or give permission to: Name _____ Phone # _____) will be at the **Teen Center** Between 4:30 and 4:45 to sign out my teen. **Please initial:** _____

I (the undersigned) understand if my son/daughter is found to have any alcoholic beverages, drugs, or weapons, I will be notified and make arrangements to have him/her picked up immediately.

Parent Signature: _____ Date: _____

____ I have filled out the Medical Information & Release form and believe the information to be correct. **Please initial:** _____

Food Allergies? Please specify:

Student Agreement

I, (print name) _____ agree to take responsibility for myself and follow the rules and regulations given by the adult leaders of the SCCHE Teen Track. I understand that no drugs, alcohol, or weapons will be brought, purchased, or consumed by myself or any participant. I understand that if I break this rule or am disruptive, vulgar, or disrespectful my parents will be notified, and that disciplinary action will be taken by the adult leader(s) present.

Student Signature: _____ Date: _____