

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

SECTION IV: MEDICATIONS (SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

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

-Date of last tetanus/diphtheria immunization:

-Does child have a medically prescribed diet?

-Any physical limitations or special medical conditions?

-Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? _____

If so, date and disease or condition:

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