

**STANDARD VIII-A.**  
**PARENT/GUARDIAN MEDICAL CONSENT TO TREAT**  
**CYO SPORTS PROGRAM – ARCHDIOCESE OF SAN ANTONIO**

Youth Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M  F  
Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital or emergency room for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

My child's age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

I hereby grant permission for non-prescription medicine (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child as necessary. I understand that aspirin will not be given to my child.

If you are unable to reach me, please contact

Name: \_\_\_\_\_ Relationship to my son/daughter: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

**Please fill in the following as it pertains to your child.**

My son/daughter is taking medication and will bring all medication with him/her, if needed, and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My son/daughter is allergic to the following: \_\_\_\_\_

My son's/daughter's immunizations are current and up to date - Yes:  No:

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, etc. Yes:  No:  Please explain if you answered, "Yes." \_\_\_\_\_

My son/daughter has special needs which are: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_