

Diocese of Pittsburgh  
Secretariat for Catholic Education and Evangelization

# National Catholic Youth Conference

Thursday, November 21, 2019 through Sunday, November 24, 2019  
Indianapolis, Indiana

Name	Age	Sex	
Address	City	State	Zip
Parish	Grade	Birthdate	
Phone	Parents' E-mail		

**REGISTRATION MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT**

**PERMISSION**

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above-mentioned event on the above written date.

**MEDICAL AUTHORIZATION**

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature Parent/Guardian Phone Number

Insurance Company Policy Number

Name and Phone Number of Person if Parent/Guardian is not available

**CONSENT TO TREAT**

I/We the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

- 1) Medications: my child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
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.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Any known allergies? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any medically prescribed dietary needs? \_\_\_\_\_

Are you a vegetarian? Yes  No

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? Yes  No

Any special concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_