2016 St. Anna G. O.Y.A. HEALTH PERMISSION FORM

Please complete the following form and return it to your Advisor.

GOYAN'S NAME ____

DATE OF BIRTH ____

ADDRESS ____

MOTHER'S NAME____________________ PLACE OF EMPLOYMENT__________TEL#________

FATHER'S NAME__________ _________ PLACE OF EMPLOYMENT__________ TEL#________

FAMILY DOCTOR'S NAME ____

HOSPITAL OF CHOICE____

DENTIST'S NAME______________________________________ TEL#__________

Are there any medical problems of which we should be aware? ______________________________

Is your child taking either prescription or over-the counter medication on a regular basis? ______Yes No

Name of Drug(s) ______________________________

Drug Allergy? Yes No

Name of Drug(s) ____________________

Other Allergies? Yes No

Types: __________________________

Type of Reaction (be specific) ____

Name of Drugs____

Names and telephone numbers of two persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons might have to make a medical decision.

1.Name ______________________________ Telephone _____________

2.Name ______________________________ Telephone ________________

EMERGENCY MEDICAL TREATMENT
To the Advisors and Reverend:

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL. TREATMENT during any time he/she is a member of the G.O.Y.A., you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of the doctor's actions, and I assume and agree to pay for any professional medical services incurred.

Date______ Parent/Guardian Signature ______________________________________

Permission for emergency medical treatment will be effective throughout the member's enrollment. If there is any change of information, please telephone the Reverend or Advisors.

YOUR INSURANCE COMPANY ____

GROUP IDENTIFICATION #: ____________________________ MEMBER # ______________

TELEPHONE # ________________________________