



Medication & Emergency Treatment Authorization For Participants in Programs Involving Minors

This form must be completed by a parent or legal guardian prior to participation in youth program sponsored by Boston College.

I. General Information Concerning Child

Name of Child: _____ Date of Birth: ____/____/____
(Print Last, First, Middle) (MM/DD/YYYY)

Address: _____
_____ M or F (circle one)

Name of Boston College Program (the "Program") in which child will participate

II. Parent or Guardian Information

Name of Responsible Parent/Guardian: _____
(Print Last, First, Middle)

Home Address (if different): _____

Work address _____

Home Phone(_____) ____ - _____ Business Phone(_____) ____ - _____

Mobile Phone(_____) ____ - _____

B. Medications

Please List all medications your child is currently taking including pi-

C. History:

Please list all significant past or current medical surgical or mental health conditions, including hospitalizations:

VI. Consent and Release

I understand that participation by my child in the Boston College programmed above involves a certain degree of risk. I also understand that participation in the Program is