

DUBUQUE COUNTY RIGHT TO LIFE
National March for Life and Pro-Life Mass
Washington, D.C. – January 2023
MEDICAL AUTHORIZATION

This is to certify that my child, _____, has my permission to participate in the Pro-Life Pilgrimage to Washington, D.C., January 18-22, 2023. Today's date: _____.

I also empower a DCRTL representative to authorize medical treatment for the above named student and I agree to accept responsibility for the cost of any medication, medical service, X-rays, transportation, or other services by a licensed physician or required as necessary to be administered or arranged under the sponsor's direction.

Parent signature _____

MEDICAL PROFILE
ALL INFORMATION CONFIDENTIAL UNDER THE PRIVACY ACT

Student's Name _____

Student's Address _____

Home Phone _____ Parent's Work Phone _____

E-mail address _____

Emergency Contact Person _____

Relationship _____ Phone _____

Health Care Provider _____

Policy Number _____

Known Allergies _____

Medication _____

Permission to administer your child _____ Tylenol _____ Ibuprofen

Has your child had a tetanus shot in the last ten years? _____ Yes _____ No

NOTE: If you have any medical concerns you wish to discuss with a contact person, please feel free to call Augustine Payne, Executive Director, DCRTL.