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Empowering high school students to recognize and develop their talents in order to achieve college admission and make informed decisions about their futures.

AUTHORIZATION FOR TREATMENT OF MINOR

Completion of the Authorization for Treatment of Minor form is required of all Fast Forward Youth Program (FFYP) participants. This is confidential information kept on file with the Fast Forward Youth Program.

I hereby authorize the Fast Forward Youth Program to provide medical information to professional medical staff for my son/daughter and to give the following:

- Permission to doctor or health care provider to render emergency and/or routine medical care as needed for the child named below. I understand that every attempt will be made to notify me in case of serious illness or emergency.
- Permission to any doctor or health vendor to make inquiry regarding the past medical history, including physician and/or hospital care for the child named below.

In addition, I understand that a parent or guardian of the child named above must notify the Fast Forward Youth Program of any prescription medication that the child is taking during any FFYP-sponsored events. Over-the-counter medications such as aspirin or Nyquil **MAY NOT** be in the possession of any minor participant at any time. Any medication needed must be turned in to a Fast Forward Youth Program staff member, with instructions, for the duration of the activity or event.

Name of Physician: _____

Clinic or Hospital: _____ Phone Number: _____

Address & City: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Child: _____

Insurance Carrier: _____ Phone Number: _____

Name of Insured: _____ Policy Number: _____

Does your child suffer from the following:

Diabetes: YES NO Epilepsy: YES NO

Any disability or chronic condition (please specify): _____

Please list any medications your child takes regularly: _____

Please list any allergies your child has (foods, medications, etc.): _____

Please list any other information we may need: _____

Student's Name (PLEASE PRINT)

Student's Date of Birth

Parent or Guardian Signature

Date