

**Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION RELEASE FORM**

STUDENT INFORMATION

Child's Name: _____ Date of Birth: _____ Grade in Fall: _____
Address: _____ School: _____

PARENT INFORMATION

Parent / Guardian(s): _____
Address: (IF DIFFERENT FROM ABOVE) _____
Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT (OTHER THAN PARENT):

Name: _____ Relationship to Student: _____
Contact Phone #1: _____ Contact Phone #2: _____

HEALTH AND MEDICAL INFORMATION

Child's Physician: _____ Office Phone: _____
Address: _____ Date of last physical exam: _____
Medical Plan: _____ Plan ID #: _____

Do you authorize the adult leader to authorize medical treatment to your child in an emergency, as considered necessary by the attending physician? YES NO

If NO, briefly state reason why you do not want medical care given to your child in an emergency:

My child has difficulty with the following (circle all that apply)

ASTHMA FAINING CONVULSIONS DIABETES HEART EYES EARS/HEARING NOSE THROAT MIGRAINES
DIGESTION MENSTRUAL PROBLEMS DAIRY ALLERGY NUT/PEANUT ALLERGY SEASONAL ALLERGIES ADHD

OTHER: _____

List all conditions for which your child requires ongoing medication and state the type and frequency of medication:

List any restrictions for any activity on the basis of a medical condition: _____

PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF CONDITIONS FOR PARTICIPATION IN PROGRAM

1. I/WE, parent or authorized guardian of _____ give permission of his/her participation in **Faith Formation** and all related activities, including but not limited to transportation to and from youth ministry events.
2. I/WE, agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation staff or adult volunteer leaders.
3. I/WE, agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event or program, whether or not caused by the negligence of parish staff, Faith Formation employees, volunteers, agents or other participants.
4. I/WE understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in **Faith Formation**, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to the psyche or property of the minor child, parent or guardian is participating in this event/program or in, upon or about the premises of the Diocese of any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written agreement have been made.

Model Release Statement: PLEASE CIRCLE BELOW

I/WE, hereby (*Circle One*) GRANT / DECLINE permission for my child named on this form to be photographed and/or videotaped during Youth Ministry and Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. Isidore Parish.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____