

**Diocese of Oakland
Office of Youth and Young Adult Ministry**

PARENTAL PERMISSION AND HEALTH AUTHORIZATION RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child's Name: _____ Parish: _____

Address: _____ Phone: _____

School: _____ Grade: _____ Birth Date: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Pager or other number: _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name: _____ Phone: _____

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Address: _____

Phone: _____ Medical Plan: _____ Plan Number: _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes _____ No _____

State any reasons why you do not want medical care given to your child in an emergency: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs Digestion

Menstrual Problems Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medication? No _____ Yes: _____ List: _____

State the date of your child's last physical examination: _____

(COMPLETE OTHER SIDE)

**Parental Permission and Acknowledgement of
Conditions for Participation in Program**

1. I / we, parent or authorized guardian of the child named on front of form, give permission for his/her participation in the following youth ministry programs. (list) Our Lady of Guadalupe Faith Formation 1st Year Confirmation Retreat Feb 10th 8 am - 4:30 pm with the Dominican Sisters of Mission San Jose. 43326 Mission Blvd, Fremont, CA
2. I/ we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry 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 any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that children participating in youth ministry activities 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.

**THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES.
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in the activities of the youth ministry program, 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 "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releases while the minor child, parent or guardian is participating the youth ministry activities or in; upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases 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 the negligence of Releases 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.

I have read this Agreement and understand everything written above.

Date: _____

(Signature of Parent or Guardian)

Date: _____

(Signature of Parent or Guardian)