

**St. Theresa, Diocese of Oakland**  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, Zip)

School \_\_\_\_\_ Family Email \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Child's Cell Phone: \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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:

\_\_\_\_\_

Is your child taking any medication that will need to be administered during the retreat?  Yes  No

If yes, please list medication \_\_\_\_\_

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 for any activity on the basis of medical condition: \_\_\_\_\_

\_\_\_\_\_

Allergy or reaction to any medication or food?  No  Yes, List \_\_\_\_\_

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

**(Signature required on back)**

## Parental Permission and Acknowledgment of Conditions for Participation in Program

1. I/we, parent or authorized guardian of the child(ren) named above give permission for his/her participation in **Faith Formation/Youth Ministry at St Theresa Parish of Oakland, CA 2019-2020** and all related activities, including but not limited to transportation to and from the faith formation activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from St Theresa 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, whether or not caused by the negligence of the parish, St Theresa program employees, agents or volunteers or other participants.
4. I/we understand that children participating in this event risk injury to the body, psyche or property damage to themselves or 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 the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland 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(ren) 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 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 Releasees 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 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 the 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.

**Media Release Statement** I hereby (circle one) **GRANT/DECLINE** permission for my child(ren) named on this form to be photographed and/or videotaped during this event; and for the resulting photographs and/or videotaped footage to be edited for the purpose of promoting St Theresa Parish

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Mother's Cell phone: \_\_\_\_\_ Fathers Cell phone: \_\_\_\_\_

Family Email: \_\_\_\_\_