

DIOCESE OF ORANGE
St. Elizabeth Ann Seton Youth Ministry

YOUTH DAY MINOR PERMISSION AND RELEASE FORM

Payment Info:

Cost: \$14.00

**(reduced fee
includes lunch
and T-Shirt)**

Check # _____

OR

Cash _____

Program: Participation in the Religious Education Congress Youth Day
from 7am till 4pm Thursday, March 22, 2012 at the Anaheim Convention Center, Anaheim, CA

Participant Information: (Print all Information)

Participants Name: _____

Address _____

City _____ Zip _____

Home Phone (____) _____ Birthdate: _____

Mother/Guardian: _____ Mother's Cell (____) _____

Father/Guardian: _____ Father's Cell (____) _____

Family Physician: _____ Phone: (____) _____

Insurance Company: _____ Policy # _____

Allergies/Medical Problems/Disabilities: (Circle One) NO YES (Describe on Back)

Emergency Contact: (Secondary person to contact in case of emergency. Should be adult from another household)

Name: _____ Relation _____ Cell Phone (____) _____

I, the Parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, it's constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity.

I, hereby authorize and give full consent, without limitations or reservations to St. Elizabeth Ann Seton parish and the Diocese of Orange to publish any photographs or videos of said event in which the above named student(s), parent(s), or grandparent(s) appear. I hereby waive any rights to compensation for use of any photographs or videos at the time of publication or in the future.

I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

(Both parents/guardians are asked to sign whenever possible or applicable)

Parent's/ Guardian's Signature: _____ **Date:** _____

Parent's/ Guardian's Signature: _____ **Date:** _____

PLEASE FILL OUT AND SIGN BOTH THE FRONT AND BACK OF THIS FORM

DIOCESE OF ORANGE

St. Elizabeth Ann Seton Youth Ministry

YOUTH DAY MINOR Medication & Special Needs Notification

Participants Name: _____

Program: Participation in the Religious Education Congress Youth Day
from 7am till 4pm Thursday, March 22, 2012 at the Anaheim Convention Center, Anaheim, CA

Please check off at least **ONE** box from the **THREE** listed below:

During the above event my son/daughter has my permission to take the following:

My son/daughter will be taking the following prescription medication.

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

My son/daughter will be taking the following non-prescription medication.

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

Name of medication: _____ Dosage: _____ Times/day: _____

My son/daughter will **NOT** be bringing any medications

Please Circle **NO** or **YES** to **ALL** the questions below

Does your child have any **SPECIAL NEEDS**? **NO** or **YES**

Explain any **YES** answers _____

Does your child have any **SPECIAL DIETARY** requirements? (Vegetarian, allergies, etc.): **NO** or **YES**

Explain any **YES** answers _____

Does your child have any Allergies/Medical Problems/Disabilities not yet explained? **NO** or **YES**

I authorize, if needed, Youth Ministry leaders to give my child non-prescription, over-the-counter medications.

(Both parents/guardians are asked to sign whenever possible or applicable)

Parent's/ Guardian's Signature: _____ Date: _____

Parent's/ Guardian's Signature: _____ Date: _____

This permission form expires one month after the above event.