

PERMISSION FORM

PURPOSE: This Permission Form is intended to cover all Diocesan, Deanery, and Parish sponsored activities for anyone under the age of 18. Persons 18 years of age and older may act as their own legal guardian and can sign for themselves.

Child's Name _____ Age _____ Birthday ____ / ____ / ____

Address _____ Phone _____

Parish _____

EMERGENCY INFORMATION:

1. Father _____ or Legal Guardian's _____ Name _____
Home Address _____ Home Phone _____
Work Phone _____

Occupation _____ Employer _____

2. Mother _____ or Legal Guardian's _____ Name _____
Home Address _____ Home Phone _____
Work Phone _____

Occupation _____ Employer _____

Name someone other than parent who may be contacted in case of emergency.

Name _____ Relationship _____ Phone _____

Is there anyone, who by court order or decree, designated as the primary or sole custodial parent? _____

Name anyone who has been restrained from picking up the child. _____

LIABILITY RELEASE

I/We, the parent/parents and/or legal guardian(s) of the above named child, hereby request permission for my son/daughter to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (Name of organization). I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers and chaperones from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

X _____ Date _____
Parent/Guardian Signature

X _____ Date _____
Witness

Received by: X _____ Date _____
(Signature of DRE, CRE, Youth Representative)

(OVER)

Revised 1/04

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION

HEALTH HISTORY:

Any pre-existing or present medical conditions, disabilities, physical handicaps or major illnesses: _____

Name of **prescription medications** and concise directions, including dosage and frequency of dosage _____

I hereby grant permission for the non-prescription medication of Acetaminophen or Ibuprofen to be given to my child for pain if deemed advisable by a staff person. ___ Yes ___ No

I hereby consent to the use of a photograph of my son/daughter for the purpose of publication. ___ Yes ___ No

Any allergies (food, latex, animals, etc.)? _____ Allergic to any medications? _____
If Yes, explain: _____

Date of last Tetanus shot _____ Contact Lenses _____

Any swimming restrictions: _____ Yes _____ No _____ What? _____

Any activity restrictions: _____ Yes _____ No _____ What? _____

In case of medical or surgical emergency, I hereby request and give permission to the Catholic Diocese of Owensboro for the hospitalization and/or provision of necessary medical treatment for the above-named child. I understand that I am responsible for the cost of any medical treatment (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Name of Health Insurance Company: _____
Insurance Policy # _____
Insurance Certificate # _____

*Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.

X _____ Date: _____
Parent/Guardian/

X _____ Date: _____
Witness

IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION IT IS YOUR RESPONSIBILITY TO NOTIFY THE YOUTH/RELIGIOUS EDUCATION DIRECTOR (I.E. INSURANCE POLICY, MEDICAL CONDITION, MEDICINES, COURT ORDERS, ETC.)