

**DIOCESE OF ORANGE
SAN ANTONIO DE PADUA CHURCH**

MINOR PERMISSION, MEDICATION NOTIFICATION & RELEASE FORM

Program: _____

Date: _____ Time: _____

Location: _____

Participant Information		
First Name	Last Name	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Street Address	City, State, Zip	Date of Birth Mo Day Year
Parent/Guardian First & Last Name	Cell phone number ()	Relationship to minor
Parent/Guardian First & Last Name	Cell phone number ()	Relationship to minor
Who does minor live with? (First & Last Name)	Relationship to minor (i.e. parent, guardian, relative, etc.):	

Medical Information		
Physician's Name	Physician's phone number ()	Blood Type
Medical insurance information (Proof of insurance required!) <input type="checkbox"/> none Name: _____ Policy Number: _____		Date of last tetanus shot mo ____ yr ____ Any reaction? <input type="checkbox"/> yes <input type="checkbox"/> no
In order to help us take better care of your child, please list any allergies/medical conditions and/or medications you are currently taking and reasons for taking them. _____		

Emergency Contact (other than parent/guardian)		
First Name	Last Name	Relationship to minor
Phone number 1 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone number 2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	

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, its 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 she/he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by 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 cause by negligence, active or passive, of the parish, school, or diocesan programs, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, 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 in appropriate for him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dental 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 license care staff.

This form expires on July 30, 2012

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____