# DIOCESE OF ORANGE

## Minor Permission, Medication Notification & Release Form

PROGRAM: Doan Kito Vua Events for year 2018-2019 DATE: July 2018-July 2019

**PARTICIPANT INFORMATION:** please print all information

Participant's Name: _____ Date of Birth: ____/____/_____
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Participant's Name: _____ Date of Birth: ____/____/_____
Participant's Name: _____ Date of Birth: ____/____/_____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____)_____ Student Cell: (____)_____
Parent/Guardian Name (s): _____ / _____
Father's Cell Phone/Pager: (____)_____ Mother's Cell Phone/Pager: (____)_____

**EMERGENCY CONTACT:** Secondary Person to contact in case of emergency (adult of another household):
Name: _____Relation: _____ Phone: (____)_____

**MEDICATION NOTIFICATION:** During the above named activity my son/daughter has my permission to take the following:
Choose at least one:

□ My son/daughter _____ will be taking a prescription medication.
Name of medication:_____Dosage:_____Times per day:_____
□ My son/daughter _____ will be taking a non-prescription medication.
Name of medication:_____Dosage:_____Times per day:_____
□ My son/daughter(s) will not be bringing any medications, but I authorize, if needed, Youth Ministry leaders to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: _____

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 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, 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 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, 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.

**PARENT/GUARDIAN'S SIGNATURE** _____ **DATE:** _____