

Diocese of Victoria in Texas Sts. Cyril & Methodius Catholic Church – Shiner, TX

YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_
St/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_
Address (if different than above) \_\_\_\_\_
Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_

I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in all church/school sponsored activities from September 1, 2019 through August 31, 2020, sponsored by Sts. Cyril & Methodius Church and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and Sts. Cyril & Methodius Church, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan and/or parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

\_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

My son/daughter is allergic My
to: \_\_\_\_\_ My son/daughter
takes the following medication (name, dosage): \_\_\_\_\_ This
medication is
for: \_\_\_\_\_

Medication that my son/daughter is allergic
to: \_\_\_\_\_ Last immunization/booster for
Diphtheria/Tetanus: \_\_\_\_\_ Any specific medical
problems: \_\_\_\_\_ Any physical limitations: \_\_\_\_\_ Family
Physician \_\_\_\_\_ Phone
(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
Name of Insurance Company \_\_\_\_\_ Phone
(\_\_\_\_) \_\_\_\_\_
Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_
Name of Insured \_\_\_\_\_ Policy
# \_\_\_\_\_ Group or Plan
# \_\_\_\_\_ I do not have insurance at this time. Contacts in

case of emergency and parent cannot be reached: Name \_\_\_\_\_ Cell Phone
(\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ Name \_\_\_\_\_
Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ My child may also be
released to the emergency contact adults listed above after an event. (Please initial line) \_\_\_\_\_ My child has a
valid driver's license and may drive to and from events. (Please initial line)