



The Catholic Diocese of Victoria in Texas

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 (____) _____ Work (____) _____

I request and give my consent for my son/daughter, _____ to participate in all church/school sponsored activities from **August 1, 2021** through **July 31, 2022**, sponsored by **Sts. Cyril and Methodius Catholic 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 as deemed necessary. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and **Sts. Cyril and Methodius Catholic Church**, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, illness, disease (e.g. COVID-19), and/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 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 to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for (medical condition): _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

Family Physician Name: _____ 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)

_____ I understand it is my responsibility to read the Minimum Standard Health Protocols Checklist appropriate to my child's activity from the State of Texas website: <https://open.texas.gov/> (Please initial line). (REV 2/2021)