

Diocese of San Jose 1150 North First Street, Suite 100, San Jose, CA 95112-4966
408-983-0100

St. Simon EDGE & LIFE TEEN Youth Ministry

ACTIVITY _____ DATE _____

Special Instructions: _____

Parental Permission Form / Medical Waiver / General Information

Student 's Name: _____

School: _____ Grad Year: _____ Birthday: _____ E-Mail: _____

Mother 's/Guardian 's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Father 's/Guardian 's Name: _____

Complete Address (if different): _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Person (s) other than parent to notify in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

I, the parent (guardian) of the above-named child, hereby give my permission for, his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school or diocesan personnel responsible for the activity. I have the following medical insurance that would cover any hospital, medical and related costs and expenses in the event of illness or accident or any emergency, nature, as follows:

Policy #: _____

In the event my child is injured or becomes ill and requires emergency medical attention, any resulting hospital, medical or related costs and expenses will be paid by the medical insurance or 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 such activity.

Does your son/daughter have any allergies/ medications/ dietary needs or other special needs that the youth activities supervisory personnel at any youth activity should be aware of?

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician. Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

Parent/Guardian Signature: _____ Date: _____

Other Parent/Guardian Signature: _____ Date: _____

Photo Consent

From time to time, we take pictures of youth ministry events and gatherings. We would like to be able to use these photographs for newsletters, flyers, the Youth Ministry Web Site, etc. To do this, we need both the students and parent 's consent. We will not use any last names if the photos are posted. I/We the parent(s) of this student, authorize and give full consent, without limitation or reservation, to St. Simon Youth Ministry, to publish any photographs in which the above named student and/or pictures of his/her parents or grandparents appears while participating in any Youth Ministry. There will be no compensation for use of any photos as the time of publication or in the future.

Student 's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Questions: Call Val Liberty 650-967-8311 x31