

**Our Lady of Grace Youth Ministry**  
**Diocese of Oakland Office of Youth and Young Adult Ministry**  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**

THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Student Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street, city, zip)

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(street, city, zip)

Pager or other Number \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

|             |                 |             |          |           |                    |
|-------------|-----------------|-------------|----------|-----------|--------------------|
| Asthma      | Fainting Spells | Convulsions | Diabetes | Heart     | Eyes               |
| Ears        | Nose            | Throat      | Lungs    | Digestion | Menstrual Problems |
| Other _____ |                 |             |          |           |                    |

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**(COMPLETE BACK OF FORM)**

**Parental Permission and Acknowledgement of  
Conditions for Participation in Program**

1. I/we, parent or authorized guardian of the child named above give **permission** for his/her participation in **OUR LADY OF GRACE YOUTH MINISTRY**, and all related activities, including but not limited to transportation to and from this **youth ministry** event.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from **Youth Ministry** staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, **youth ministry** program employees, agents or volunteers or other participants.
4. I/we understand that **youth** participating in **youth ministry** events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in **Our Lady of Grace Youth Ministry**, use the equipment provided and to enter the premises or facilities of the **Diocese of Oakland (Diocese)** for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the **Diocese of Oakland**, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in this event or in, upon or about the premises of the **Diocese** or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the **Diocese**, its facilities or equipment, or while participating in any **youth ministry** activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_