

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

Name/Address of Parish Sponsoring Activity, if applicable _____

PERMISSION FORM

PURPOSE: This Permission Form is intended to cover all diocesan-, deanery-, and parish-sponsored activities for anyone under the age of eighteen (18). Persons eighteen (18) years of age or older may act as their own legal guardian and can sign for themselves.

Minor Participant's Name _____ Age _____ Birthday ____/____/____

Address _____ Phone _____

Parish _____

**I hereby consent to the use of a photograph of my child for the purpose of publication. _____ Yes _____ No

EMERGENCY INFORMATION:

Father's _____ or Legal Guardian's _____ Name _____

Home Phone _____

Home Address _____ Work Phone _____

Occupation _____ Employer _____

Mother's _____ or Legal Guardian's _____ Name _____

Home Phone _____

Home Address _____ Work Phone _____

Occupation _____ Employer _____

Name someone other than parent/legal guardian who may be contacted in case of emergency:

Name _____ Relationship _____ Phone: (____) _____

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME _____

Name anyone who is restrained from picking up the child. _____

LIABILITY RELEASE

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (Name of organization). I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

(Signature of PCL, Youth Representative, etc.)

(OVER)

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS

HEALTH HISTORY:

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: _____

Name of any **prescription medications** and concise directions, including dosage and frequency of dosage: _____

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given:

Acetaminophen _____ Yes _____ No
Ibuprofen _____ Yes _____ No

Any allergies (food, latex, animals, etc?) Yes/No _____ Allergic to any medications? Yes/No _____

If yes, explain: _____

Date of last tetanus shot _____ Contact lenses? Yes/No _____

Any swimming restrictions: _____ Yes _____ No What? _____

Any activity restrictions? _____ Yes _____ No What _____

In case of medical or surgical emergency, I hereby request and give permission to the Catholic Diocese of Owensboro for the hospitalization and/or provision of necessary medical treatment for the above-named child. I understand that I am responsible for the cost of any medical treatment (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Name of Health Insurance Company: _____

Insurance Policy #: _____

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.)