## DIOCESE OF SACRAMENTO YOUTH ACTIVITY PERMISSION, MEDICAL RELEASE, AND PARENTAL CONSENT FORM

Name:	Date of Birth:	Grade:
Names of Parents / Guardians:		
Street Address:		
City / State / Zip Code:		
Home phone number: (parent #1)	(parent #2)	
Work phone number: (parent #1)	(parent #2)	
Cell phone number: (parent #1)	(parent #2)	
Parish / School:		
Event		
Transportation will be provided by:		
YOUTH CODE OF CONDUCT:		
I agree to uphold and exemplify positive Catholic vaccompliance with rules and regulations regarding my program:		
<ul> <li>I will follow the directions of adult leaders;</li> <li>I will treat adult leaders and other participa</li> <li>I will stay with my assigned group, and par</li> <li>I will dress appropriately at all times;</li> <li>I will not use, bring, or be under the influen</li> <li>I will not smoke or use tobacco products;</li> <li>I will not engage in inappropriate sexual be</li> <li>I will not be in the possession of or use fire</li> <li>I will not engage in acts of violence, stealin</li> <li>I will respect the physical property of the fa</li> </ul>	ticipate in the approved activity; ce of illegal drugs or alcohol; havior; arms, knives, or weapons of any kind;	cts of vandalism.
I agree to abide by these rules and the supervision immediate and appropriate manner. If I should be parents will be contacted to arrange for my immedi	dismissed from participation in the program,	
Signature of Youth Participant	Date	_
Signature of Parent (acknowledging the commitme	nt):	
EMERGENCY HEALTH / MEDICAL INFORMATION	ON AND CONSENT	
In the event of an emergency, I, the undersigned pathe Diocese of Sacramento, parishes and schools adult volunteers, to arrange for and authorize emernecessary by the attending physician. I wish to be	within the Diocese, and their employees, aggency medical, dental, or surgical treatment	ents, representatives, and t for my child, as considered
Family Doctor:	Phone:	
Family Dentist:	Phone:	<del></del>

I also agree to provide designated parish/school/diocesan representatives with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

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Family Health Plan Carrier:

Policy Number:

Na	ame:				
Relationship: Alternate Contact Number:					
	,				
Sig	gnature of Parent/Guardian	Date			
МІ	EDICATIONS AND NON-EMERGENCY HEALTH TREA	TMENT			
[PI	lease sign/authorize all of the following authorizations/dir	rections that are applicable]			
1.	If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called (collect / reversed phone charges if necessary) to be informed of my child's condition.				
Sig	gnature of Parent/Guardian	Date			
2.		which he/she will bring on this activity, in well-labeled, original frequency of use. I hereby give permission for an adult leader			
Sic	gnature of Parent/Guardian	Date			
		tion) may be administered to my child unless his/her condition			
Się	gnature of Parent/Guardian	Date			
4.	I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions):				
Si	gnature of Parent/Guardian	Date			
SF	PECIFIC MEDICAL INFORMATION/CONDITIONS				
All	lergic reactions (to medications, foods, plants, insects, et	c.)?			
lm	munizations (date of last tetanus/diphtheria immunization	n):			
Cι	urrent medications being taken by child:				
Me	edically-prescribed dietary restrictions?				
 Ph	nysical limitations?	<del></del>			
Le	eaning disabilities or related conditions (ADD, ADHD, rea	ding or writing difficulties, etc.)?			

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History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?					
	recent exposure (within the past two weeks) to contagious disease/condition, such as mumps, measles, chicken pox? specify the date and the condition exposed to:				
Any	Any dietary restrictions (other than allergies identified above)?				
Any o	other special medical issues or other conditions to be aware of?				
PAR	ENT AGREEMENT / CONSENT				
the a	the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in ctivity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have ed to above:				
•	<u>Direct Child to Cooperate</u> : I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.				
•	Consent for Transportation (if applicable): I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.				
•	Responsibility for Medical Expenses: 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 activity, whether or not caused by the negligence of the parish, school, or diocesan employees, agents, volunteers or other participants.				
•	Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.				
and to	rdingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and sipation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on If of the minor child, agrees as follows:				
a n v	To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the ninor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.				
tl	o indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of ne minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.				
	hat he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, tatements, or inducements apart from the contents of this Form have been made.				
I/we I	nave read this Agreement and understand and agree to everything set forth above.				
Signa	ature of Parent or Guardian Date				

Date

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Signature of Parent or Guardian