

Participation and Medical Release Form

Participant's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Other Emergency Contact Name _____

Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Policy No. _____

Allergies/Medical Problems/Dietary Restrictions/Special Needs _____

I hereby grant permission for non-prescription medication (such as aspirin, Tylenol or Ibuprofen) to be given to my child, if deemed appropriate. Yes No

I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in the St. Monica Faith Formation program. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or archdiocesan personnel responsible for youth activities. As a condition of my child being allowed to do so, through this document, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Monica Parish Community, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, (active or passive), of any of the entities, or individuals named or described above.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

In the event of a medical emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I give permission to the youth activities supervisory personnel then present to seek medical treatment should it be necessary from my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of medical emergency. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian's Signature _____ Date _____