OVERNIGHT-STAY PARENTAL CONSENT FOR MINORS
YOUTH MINISTRY

Pastoral Juvenil
Youth and Young Adult Ministries
212 N San Joaquin Street,
Stockton. CA 95202

Name of Participant: _____

Name of the Activity: _____

Permission Form

I, _____, parent or legal tutor of the participant, has my permission to participate in the overnight-stay activity listed above, organized by _____ (Parish/Group) from the Diocese of Stockton. I release the Parish/Youth and the Diocese of Stockton, employees and volunteers of any incident/accident of the participant and or damages to his/her property.
I give my permission to have the participant transported in a private or public vehicle authorized by the organizers _____int. (if applicable)

Medical Release Form of the Participant

I, parent or legal tutor of the participant, name _____(chaperon) as my agent to authorized, sign, and consent any emergency test, radiographs, anesthetic according to the diagnosis, as well as urgent treatment and hospitalization suggested by the **licensed medical team (Medical Act)**. In case of hospitalization, the participant will be under the chaperon's supervision until my arrival. I understand that this authorization was given before any treatment or hospitalization was required. The consent is only applied in case of emergency, and it will be voided at my arrival. I will not hold the chaperone/organization accountable for any decisions made in accordance with the suggestions of the licensed medical team.

Signature of Parent or Legal Tutor

_____ _____
(Signature of parent/legal tutor) (Date)

_____
(Address) (City) (Zip Code)

MEDICAL INFORMATION

Name of the minor: _____ Date of Birth: _____

Emergency Contant (name): _____ Cell number: _____

Adress: _____ Home Number: _____

Secondary Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

Describe any allergies (medicine, food, insect bites, etc..) or physical limitations.

Allergies to Medications: _____

Food Allergies: _____

Other Allergies: _____

Physical Limitations: _____

Current medications or treatments: _____