



The Catholic Diocese of Victoria in Texas

YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender _____ Grade _____

Address _____ City _____

St/Zip _____ Phone (____) _____ T-Shirt Size: _____

Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____

Address (if different than above) _____

Phone (____) _____ Cell (____) _____ Work (____) _____

I request and give my consent for my child, _____ to participate in all church/school sponsored activities from June 12th 2026 through June 18th, 2026, sponsored by

Diocese of Victoria, Youth Office and/or by the Diocese of Victoria. I understand that my child will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container as deemed necessary. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and Diocese of Victoria, Youth Office, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, illness and/or other damages arising out of my child's participation in the above mentioned activity or during the transportation to and from the event. *I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my child/ward if deemed advisable by the supervising diocesan and/or parish personnel.* In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

Date _____

Parent's Signature _____

My child is allergic to: _____

My child takes the following medication (name, dosage): _____

This medication is for: _____

Medication that my child is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

Family Physician _____ Phone (____) _____

Address _____ City/State/Zip _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____ I do not have insurance at this time.

Contacts in case of emergency and parent cannot be reached:

Name _____ Cell Phone (____) _____ Other Phone (____) _____

Name _____ Cell Phone (____) _____ Other Phone (____) _____

_____ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)

_____ My child has a valid driver's license and may drive to and from events. (Please initial line)

_____ I have received and understand the Minimum Standard Health Protocols Checklist (Please initial line).