



# 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 July 4, 2026 through July 12, 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).