



## The Catholic Diocese of Victoria in Texas

### YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

I request and give my consent for my son/daughter, \_\_\_\_\_ to participate in all church/school sponsored activities **from August 1, 2025 through July 31, 2026 sponsored by Saint Agnes Catholic Church of Edna, Texas and/or by the Diocese of Victoria.** I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As a parent, or legal guardian, I agree to defend, indemnify, and hold harmless the **Diocese of Victoria and Saint Agnes Catholic Church**, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter'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 son/daughter 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 or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Parent/Legal Guardian's Signature**

My son/daughter is allergic to: \_\_\_\_\_

My son/daughter takes the following medication (name, dosage): \_\_\_\_\_

This medication is for: \_\_\_\_\_

Medication that my son/daughter 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/State/Zip** \_\_\_\_\_

**Name of Insured** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Group of Plan #** \_\_\_\_\_ ☐ I do not have insurance at this time

#### **Contacts in case of emergency and parent/legal guardian cannot be reached:**

**Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

\_\_\_\_\_ My child may also be released to the emergency contact adult 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 understand it is my responsibility to read the Minimum Standard Health Protocols Checklist appropriate to my child's activity from the State of Texas website: <https://open.texas.gov/> (Please initial line)



## The Catholic Diocese of Victoria in Texas

### **Video/Photo/Media/Audio Release**

I hereby grant **The Diocese of Victoria in Texas and Saint Agnes Catholic Church of Edna, Texas** the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child \_\_\_\_\_, in which they may be included, now existing or hereafter made, in any case, with or without identifying (him/her) for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless **Saint Agnes Catholic Church of Edna, Texas and The Diocese of Victoria in Texas**, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.

I understand **that all communication with my minor child will be directly related to an approved School/Parish/Diocesan Entity activity.** In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback.

I hereby **give permission** for my minor child to be in video/photos/media/audio/other images.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

I hereby **do NOT give** permission for my minor child to be in video/photos/media/technology/audio.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

### **Technology Release**

Written parental/guardian permission to communicate via social media or other electronic communication with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and **MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS.** These communications will only be used for ministry purposes such as announcements, scheduling of events, and similar notifications.

I hereby **give permission** for my minor child to be contacted through social media or other electronic communications.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

I hereby **do NOT give** permission for my minor child to be contacted through social media or other electronic communications.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

**If permission is granted, list preferred method of contact for parent/legal guardian and minor child:**

Choice	Mode of Communication	Parent/Guardian Contact Information	Minor Child Contact Information
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____

SAINT AGNES CCD REGISTRATION

2024—2025

School Year

Student' Full Name	Date of Birth	Sacraments Received
Grade _____		Baptism YES NO Date & Church:
		1 <sup>st</sup> Communion YES NO Date & Church:
		Confirmation YES NO Date & Church:



Father/Guardian's Name: \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Cell Work

Mother/Guardian's Name: \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Cell Work

Email Address: \_\_\_\_\_

PARENT ACKNOWLEDGMENT FORM

This is to acknowledge that I have received the 2024—2025 Saint Agnes Parish Handbook for Religious Education. I understand and agree to cooperate with the parish policies set forth in this handbook.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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Registration Fee ➔ \$10.00 per student (Maximum of \$30.00)

Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received by: \_\_\_\_\_

