



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 son/daughter, _____ to participate in all church/school sponsored activities from _____ through _____, sponsored by _____ and/or by the Diocese of Victoria. I understand that my son/daughter 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 _____, its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, illness, disease (e.g. COVID-19), and/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 treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

Date

Parent's Signature

My son/daughter is allergic to: _____

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

This medication is for (medical condition): _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

Family Physician Name: _____ 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 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). (REV 2/2021)



Video/ Photo/ Media/ Audio Release

I hereby grant Holy Rosary, Hostyn/Sts. Peter & Paul, Plam (School/Parish/Diocesan Entity) 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 Holy Rosary, Hostyn/Sts. Peter & Paul, (School/Parish/Diocesan Entity) and the Diocese of Victoria, 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 communications 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	Guardian Contact Information	Minor Child Contact Information
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____