

Archdiocese of Los Angeles

Youth Activity/Service Permission Form

Activity/Service: **Youth Day on February 28, 2008 7:00 am to 5:00 pm**
Lunch provided.
Transportation via carpools
from St. John Fisher to Anaheim Convention Center

Youth

Name: _____ Parish: **St. John Fisher**
Address: _____ Phone: _____
School: _____ Grade: _____ Birth Date: _____

Parent/Guardian

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____

Person(s) (other than parent) to notify in case of emergency:

Name: _____ Phone: _____

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED YOUTH, HEREBY GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITY NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH OR ARCHDIOCESAN PERSONNEL RESPONSIBLE FOR YOUTH ACTIVITIES.

I AGREE THAT IN THE EVENT MY CHILD IS INJURED AS A RESULT OF HIS/HER PARTICIPATION IN THE ABOVE NAMED YOUTH ACTIVITY, INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH OR ARCHDIOCESAN YOUTH ACTIVITIES PROGRAM, OR ANY OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY RESULTING HOSPITAL, MEDICAL, OR RELATED COSTS AND EXPENSES WILL FIRST BE HAD AGAINST ANY ACCIDENT, HOSPITAL OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR OF MY SPOUSE.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD THAT RENDERS IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY THIS ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.

Adult Leader: **Celeste Cummings**

Adult Leader: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

Health and Medical Release

Is this participant in generally good health and able to participate in all activities involved in this event?

YES _____ NO _____ (If NO, please attach a statement indicating limitations.)

Date of most recent physical exam: _____ Physician or Clinic: _____

Physician Address: _____ Phone: _____

Authorization to Consent to Treatment of Minor

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize **Celeste Cummings** Saint John Fisher Coordinator as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act or the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the Archdiocese of Los Angeles, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications that are listed on the back of this form. I understand that the Director of this event will dispense any medications so listed.

This authorization is given pursuant of the provisions of section 25.8 of the civil code of California.

This authorization shall remain effective for the duration of the event list on the reverse.

Parent/Guardian Signature: _____ Date: _____

Telephone During Event: _____ Alt. Phone: _____

Family Health Insurance: _____ Policy #: _____

Youth Understanding of Responsibilities

I, _____, understand that at no time will I possess, transport or partake in illegal substances, i.e. alcohol, tobacco and drugs. I understand that my parent(s) will IMMEDIATELY be called to pick me up and return me home should I break this agreement. I understand that a positive attitude and cooperative behavior is expected at all events.

Youth Signature: _____ Date: _____