## **St. Joan of Arc** – **Vacation Bible School 2021** St. Joan of Arc Parish, Diocese of Oakland PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

There must be a copy of this form at ALL Faith Formation and Youth Ministry Activities

1 <sup>st</sup> Child's Full Name:		DOB:
Cell Phone (if child has):		
Sex (Circle One): M F Grade (Fall 2021):	School (Fall 2021):	
Allergies/Drug Allergies:		Asthma: Y 🗆 N 🗆
Routine Medications:		
List any medical conditions or disabilities we should be a		
Date of child's last physical examination:		
2 <sup>nd</sup> Child's Full Name:		DOB:
Cell Phone (if child has):		
Sex (Circle One): M F Grade (Fall 2021):		
Allergies/Drug Allergies:		Asthma: Y 🗆 N 🗆
Routine Medications:		
List any medical conditions or disabilities we should be a	aware of:	
Date of child's last physical examination:		
3 <sup>rd</sup> Child's Full Name:		DOB:
Cell Phone (if child has):		
Sex (Circle One): M F Grade (Fall 2021):	School (Fall 2021):	
Allergies/Drug Allergies:		Asthma: Y 🗆 N 🗆
Routine Medications:		
List any medical conditions or disabilities we should be a		
Date of child's last physical examination:		
HEALTH AND MEDICAL INFORMATION		
Family Physician:	Phone:	
Address:		
Print Name of Policy Holder:		
Insurance Company:		
Employer/Group Number:	Policy/Plan number:	
Do you authorize the adult leader to authorize medical to by the attending physician? □Yes □ No	reatment for your child in an em	ergency, as considered necessary
State any reasons why you do not want medical care give	ven to your child in an emergend	cy:

(Complete AND SIGN Back of Form/Page Two)

## Parental Permission and Acknowledgment of Conditions for Participation in Program

- 1. I/we, parent or authorized guardian of the child(ren) named above give permission for his/her/their participation in **Vacation Bible School 2021** and all related activities, including but not limited to transportation to and from this event.
- 2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation and Youth Ministry staff or adult volunteer leaders.
- 3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her/their participation in this event, whether or not caused by the negligence of the parish, faith formation or youth ministry program staff, agents, volunteers or other participants.
- 4. I/we understand that children participating in faith formation or youth ministry activities risk injury to the body, psyche or property damage to themselves or others. Such injuries can be caused by other or facilities, vehicle accidents while in transport or through the activity itself.

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the faith formation and youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child(ren) agrees:

- 1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
- 2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
- 3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements, or inducements apart from the contents of this written Agreement have been made.

*Initial here Initial hereb Initial hereb* 

I have read this Agreement and understand everything written above.

Print Name of Parent or Guardian	Signature of Parent or Guardian	Date	
Mother/Father cell #:	Mother/Father cell #	:	
Primary Email:			
<b>EMERGENCY CONTACT</b> : In an emergency, we will always attempt to contact the parents first. Please provide contact information of someone, <i>other than parents</i> , in case the parents cannot be reached.			
	• • •		
NAME:	Cellphone:	_ Relationship:	