

Confirmation / Youth Ministry 2017 Santa Clara Chapel

PERMISSION SLIP & MEDICAL RELEASE FORM covering July 1, 2017 to June 31, 2018

Student's Information / Informacion del Estudiante:

Teen's Name / Nombre del Estudiante: _____

Teen's Email / Email del Estudiante: _____

Teen's Cell / Celular del Estudiante: _____ Gender/ Sexo: M F

DOB/Fecha Nacimiento: _____ Age/Edad: _____ Grade / Grado: _____

Home Address / Direccion: _____

City/Ciudad: _____ Zip / Código: _____

Name of School Where Teen Attends / Escuela: _____

Language(s) spoken at home / Lengua hablada en casa: _____

Can this teen swim? / ¿Puede nadar esta teen? Yes___ No___

Are you registering for Confirmation Preparation? What year: Year 1_____ Year 2_____

Does this teen need Baptism and/or 1st Communion sacraments? If so, which ones? _____

Parent/Guardian Info:

Father's Name / Nombre del Papa: _____

Cell # / Celular de la Papa: _____ Email: _____

Mother's Name / Nombre de la Mama: _____

Cell #: _____ Email: _____

Home Phone / Teléfono de casa: _____

May we text your Teen? / ¿Se puede texto su hijo? YES NO

May we text you? / ¿Se puede texto usted? YES NO

Emergency Contact Person (if separate from parents/guardian) / Contacto de Emergencia:

Name / Nombre _____ Phone: _____

Medical Information / Información Médica

Prescription Medication? / ¿Prescripción de medicamentos? ____ If yes, please indicate type and how it is to be taken / En caso afirmativo, indique tipo y cómo debe tomarse:

May we give Tylenol / Ibuprofen if necessary? / ¿Podemos damos Tylenol / ibuprofeno si es necesario? Yes / No

Specific allergies, chronic illnesses or other conditions? / ¿Las alergias específicas, enfermedades crónicas u otras condiciones? _____

Insurance Company: _____ Policy #: _____

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

I, _____, grant permission for my child, _____, to participate in all youth/Confirmation activities at Santa Clara Catholic Church & Chapel. I understand that all activities will take place under the guidance and direction of Santa Clara Parish employees and/or volunteers from the parish(es) of the Archdiocese of Los Angeles, CA. I understand that transportation to and from these events are the responsibility of each participant unless otherwise stated to me, the legal parent/guardian.

As parent/legal guardian, I remain legally responsible for any personal actions taken by my child. In consideration of Santa Clara Chapel and its Religious Education/ Youth Ministry Groups, and arranging for all Chapel Youth activities and events to the undersigned, I parent/legal guardian of _____, a minor, hereby release and agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above-named parish, its pastor, employees, officers directors and agents, the Archdiocese of Los Angeles, and any chaperones, or representatives associated with the event(s), from any liability, claims, damages for any illness or personal injury, or property loss or damage arising from or in connection with my child attending the event(s) or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its pastor, employees, officers, directors and agents, the Archdiocese of Los Angeles, CA, and any chaperones, or representatives associated with the event(s) for reasonable attorney's fees and expenses arising in connection therewith.

My child, _____, has my permission to participate in all Chapel Youth and Confirmation events. I understand that neither Santa Clara Parish Chapel or Santa Clara Catholic Church, nor any of its agents, are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained. In the event my child needs emergency medical treatment of any kind while at these events, or if my child takes prescription medication, I authorize the parish or its agents to authorize emergency medical, dental, or hospital treatment, administration of anesthesia, or surgical treatment deemed necessary by a duly licensed physician or dentist for the health and well-being of my child, as named herein, in the event of a medical emergency which, in the opinion of the attending physician or dentist, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed, and to execute all such consents, authorizations, releases and other papers as may be deemed necessary in connection therewith, and/or to administer said prescription medication as directed. This authorization extends to any hospital, physician, dentist and nursing personnel where treatment is rendered. I release from liability and medical responsibility the hospital, physician, dentist, and nursing personnel for performing medical/dental procedures, acting on the authority of this medical/dental treatment consent form, which such providers deem necessary for my minor child.

We, the members of Santa Clara Catholic Church and Chapel and Santa Clara Youth Ministry, reserve the right to have the parent/legal guardian of participant (stated above) retrieve said participant in the case of illness, behavior that endangers himself/herself or others, and behavior that is not consistent with rules of Santa Clara Youth Ministry.

Also, I hereby grant permission for photographs of my child to be taken at Youth Ministry functions and used in communication mediums, such as a local newspaper, Diocesan Publications, Santa Clara Parish Website and/or any Santa Clara Youth Ministry-affiliated web pages.

Signature: _____ Date: _____
Parent/Guardian