



**Diocese of Orange**  
**MINOR PERMISSION & RELEASE FORM**  
**St. Irenaeus Church Youth Ministry**

Event/Program: Jr. High School Peacemakers

Location: Parish Hall

Date: June 1, 2021 ~ June 1, 2022

(Please Print)

Participant's Name: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

If you cannot be reached, call: \_\_\_\_\_

Phone # \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Allergies/Medical Problems/Disabilities \_\_\_\_\_

**Medication Notification:**

During the above named activity my son/daughter has my permission to take the following: (Check box)

My son/daughter will be taking a prescription medication. Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_

My son/daughter will be taking a non-prescription medication. Name of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_

My son/daughter will not be bringing any medications, but I authorize, if needed, Youth Ministry leaders to give my child non-prescription, over-the-counter, medications: \_\_\_\_\_

I, the Parent or Guardian of \_\_\_\_\_, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_