

Diocese of Oakland – Faith Formation Program
Parental Permission/Health Authorization Form - 2010/2011

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Student _____ Grade _____ Birthdate _____

Parents/Guardians _____ Home Phone _____

Address _____ Work Phone _____ ext _____

Persons other than parents authorized to be notified and/or to pick up my/our child(ren) in case of emergency:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

I/We, parents/guardians of the above named child(ren) hereby give our permission for their participation in any and all Faith Formation/Youth Ministry activities. I/We agree to direct child(ren) to cooperate/conform with directions/instructions of Faith Formation/Youth Ministry personnel responsible for Faith Formation/Youth Ministry activities. I/We agree that in the event my/our child(ren) are injured as a result of their participation in Faith Formation/Youth Ministry activities, including transportation to/from these activities, whether or not caused by the negligence of the parish Faith Formation/Youth Ministry program, or any of its agents or employees, recourse for 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 of mine/ours.

In the event we cannot be reached in an emergency, I/We give permission for my child(ren)/s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary by the attending physician for my/our child(ren). Yes _____ No _____

Parent/Guardian Signature(s): _____

Family Physician: _____ Phone _____

Address: _____ City/Zip _____

Medical Plan: _____ Plan # _____ Group _____

If you do not want medical care given to your child(ren), please state reasons: _____

Does any child have a medical problem? Name of Child _____

Nature of medical problem _____

Does any child have a disability? Name of Child _____

Nature of disability _____