Each student must have this form completed.

DIOCESE OF VICTORIA IN TEXAS
Holy Cross Catholic Church – East Bernard, Texas
YOUTH PERMISSION FORM/MEDICAL RELEASE

STUDENT'S FULL NAME_____ Grade_____ Sex _____

Address_____ City _____ State/Zip_____

Phone (_____)_____ Age _____ Birth date _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____

Address (if different than above) _____Phone (if different than above) _____

Father's Mobile number (_____) _____ Mother's Mobile number (_____)_____

I hereby consent to participation by my son/daughter, _____in the **ALL** church sponsored activities from **August 1, 2014 through July 31, 2015, sponsored by Holy Cross Catholic Church** and/or the Dioceses of Victoria in Texas. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless Holy Cross Catholic Church and the Diocese of Victoria, its' clergy, officers, agents, employees, and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activities. I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. ** I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in newspaper, a magazine, power point presentations or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

_____ _____
Date Parent's Signature

Family Physician _____ Phone _____

Address_____City/State/Zip_____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage):_____

This medication is for: _____

Medication that my son/daughter is allergic to: _____

Last immunization/booster for Diphtheria/Tetanus (date): _____ Any specific medical problems:_____ Any physical limitations: _____

_____ Other concerns that we need to be aware of: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Cell Phone (_____)_____ Home Phone (_____)_____

Name _____ Cell Phone (_____)_____ Home Phone (_____)_____

Name of Insurance Company _____Phone (_____)_____

Address _____City/State/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____

(Over)

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Holy Cross Faith Formation
Student Information
2014-15

Student's Full Name:_____
First Middle Last

Birthdate _____/_____/_____ Grade:_____

Baptism
( ) At Holy Cross
( ) Other Parish *Attach a copy of the certificate
( ) Need to be baptized

1st Communion
( ) At Holy Cross
( ) Other Parish *Attach a copy of the certificate
( ) Need to receive communion

Confirmation
( ) At Holy Cross
( ) Other Parish *Attach a copy of the certificate
( ) Need to be confirmed

Father's Full Name _____
First Middle Last

Mother's Full Name _____
First Middle Last Maiden

Marital Status: ( ) Married ( ) Separated ( ) Widowed
( ) Divorced ( ) Single Parent

Holy Cross Catholic Church
Faith Formation Office
P.O. Box 1325
East Bernard, Texas 77435
(979) 335 4071

(Over)