

St. Nicholas and St. William Catholic Parish Faith Formation and Youth Ministry 2020-2021
YOUTH ACTIVITY, PERMISSION, MEDICAL RELEASE & PARENTAL CONSENT FORM

BASIC INFORMATION	
YOUTH NAME:	BIRTHDATE:
PARISH/SCHOOL: .	CURRENT GRADE: .
PARENTS/GUARDIANS NAME(S):	
STREET ADDRESS:	CITY/STATE/ZIP CODE:
PARENT CELL PHONE:	PARENT HOME PHONE:
DOCTOR'S NAME:	DOCTOR'S PHONE:
DENTIST'S NAME:	DENTIST'S PHONE:
FAMILY HEALTH PLAN CARRIER: .	POLICY NUMBER: .
ADDITIONAL EMERGENCY CONTACT	
NAME & RELATION: .	PHONE: .

I request that St. Nicholas & St. William Catholic Parish of the Roman Catholic Diocese of San Jose, permit my child(ren) to participate in the Faith Formation, Youth Ministry, Sacramental Preparation Programs and /or Youth Retreats to be held at St. William Catholic Church, St. Nicholas Catholic Church, St. Nicholas Catholic School and/or Camp Hammer from August 2020 through July 2021. I understand that reasonable precautions will be taken to safeguard the health and well-being of my child(ren), including precautions for COVID-19, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, or dental treatment and hospital care to be rendered to my child(ren) under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred and I agree to indemnify and hold the Diocese harmless for any injury or damage my child(ren) may sustain in participation.

I am not aware of any medical condition which would render it inappropriate for my child to participate in any such activity.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

I hereby grant permission for my child to be photographed and/or videotaped during this event. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the confirmation conference. please print "photo opt out" by the signature if you do not want this permission granted.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____