

**OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY
 HOLY CROSS CATHOLIC CHURCH AND THE MISSIONS OF SAN LUIS, YORKTOWN AND ST. ANN, NORDHEIM
 AND THE DIOCESE OF VICTORIA IN TEXAS**

PERMISSION FORM | MEDICAL RELEASE

Student Full Name			Gender	Grade
Address		City/State		Zip
Age	Birthdate	Parish	Phone	
Parent Legal Guardian Name				
Address (if different than above)				
Home Phone		Cell Phone	Work Phone	

I request and give my consent for my son|daughter, _____ to participate in all church sponsored activities from **August 1, 2017 through August 1 2018**, sponsored by *Holy Cross Catholic Church and the missions of San Luis and St. Ann and/or the Diocese of Victoria*. 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 the Diocese of Victoria and Holy Cross Catholic Church, 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 activity or during transportation to and from the event. I grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine, non-surgical 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 or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

Date	Parent or Legal Guardian Signature
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I hereby give permission for my son|daughter, _____ to be photographed while participating in church related activities. The term "photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images. I realize the photo maybe published in the newspaper, a magazine, twitter, facebook, Instagram or other publication. The photograph may be used for educational purposes, public relations, news media, charitable or informational purposes regarding programs for children.

Date	Parent or Legal Guardian Signature
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Family Physician	
Address	
My son daughter is allergic to:	
My son daughter takes the following medication:	
This medication is for	
Medicine Drug Allergy	Last Immunization for Diphtheria or Tetanus:
Any specific medical problem:	Physical limitations:

EMERGENCY CONTACT: If unable to reach parent|guardian, please contact:

Name	Work Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Name	Work Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Name of Insurance Company		
City, State, Zip		Phone:
Name of Insured		
Group or Plan #		Policy #

This section MUST be filled out ONLY if your student will receive a Sacrament 2017-2018

Check all Sacraments to be received:	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation	GRADE
My student was baptized at:	Date of Baptism:		Place of Birth:	
<input type="checkbox"/> Holy Cross San Luis/St. Ann	<input type="checkbox"/> Other*	<input type="checkbox"/> NOT Baptized		

If your student will be receiving a sacrament and was **NOT baptized at Holy Cross, San Luis, or St. Ann, **PLEASE submit a CERTIFIED COPY OF the Baptismal Certificate** from the Church where your student was baptized.*

Registered Member of: Holy Cross San Luis St. Ann Other Not Registered Member ID

Students Full Name: _____ **ALLERGY!**

CONTACT INFORMATION IS REQUIRED	Student cell if available _____ <input type="checkbox"/> TEXT OK Student e-mail if available _____ Birth Father's full name _____ Birth Mother's full name _____ <i>(INCLUDE MAIDEN NAME)</i> Legal Guardian _____ <input type="checkbox"/> Parent e-mail _____ <input type="checkbox"/> Home Phone _____ <input type="checkbox"/> Mom's cell phone _____ <input type="checkbox"/> Dad's cell phone _____ <input type="checkbox"/> Work phone _____ <input type="checkbox"/> Mom or <input type="checkbox"/> Dad
Non- Emergency Contact Info	

IN CASE OF EMERGENCY	Name (<i>SAME AS SIDE TWO</i> <input type="checkbox"/>)	Phone	Relationship to Student
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Has he or she attended Religious Education/Catholic school? Yes No If yes, where? _____

Which Sacrament(s) has he/she received? Baptism First Communion Confirmation

May we photograph your child during RE|VCB activities? Yes No

Would you consider volunteering for classroom chaperone or hall monitor? **Yes! Please Call Me!!!!** No. Not right Now

**Holy Cross Parish and the Missions of San Luis and St. Anne
WILL NOT BE RESPONSIBLE for the transportation of any child/youth.**

I assume all responsibility for transporting my student(s) to and from all religious education classes and events.

It will also be my responsibility for providing transportation for my student(s) to attend all the required confirmation retreats held by the Diocese of Victoria or Holy Cross, San Luis, St. Ann in preparation of receiving the sacrament of Confirmation.

I also understand that I must be Safe Environment trained and compliant in order to attend and assist with all religious education classes, events, retreats when children /youth are present.

Date	Parent Guardian Signature
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To assist our Parish and Diocese with legal and medical matters, you are required to complete the diocese Form A on side 2 ▶▶

*Your donation of \$25 per student/\$40 per family goes directly to help defray the costs of student materials.
If this donation presents a burden or hardship, please contact the office for assistance at 564-2893.
Please make checks payable to Holy Cross Catholic Church – 1214 Zorn Road, Yorktown, Texas 78164*

FOR OFFICE USE ONLY

Date Paid	<input type="checkbox"/> Cash <input type="checkbox"/> Check #	Family registration includes:
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<input type="checkbox"/> \$25 Individual	<input type="checkbox"/> \$40 Family	<input type="checkbox"/> Other	
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NOTES:
