

# SCC Youth Ministry



Santa Clara Chapel  
1333 E. Ventura Blvd  
Oxnard, CA 93036  
(805) 485-7335



## PERMISSION SLIP & MEDICAL RELEASE FORM covering July 1, 2016 to June 31, 2017

### Participant's Info:

Teen's Name: \_\_\_\_\_  
Teen's Cell: \_\_\_\_\_ Teen's Email: \_\_\_\_\_  
Gender: M F      Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of School Where Teen Attends: \_\_\_\_\_  
Can this teen swim? \_\_\_\_\_

### Parent/Guardian Info:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
May we text your Teen? YES NO      May we text you? YES NO  
Emergency Contact Person (if separate from parents/guardian):  
\_\_\_\_\_ Phone: \_\_\_\_\_

I (parent/guardian above), grant permission for my child, (participant above), to participate in all Santa Clara Chapel youth ministry events. These include, but are not limited to: all Life/Edge Night-related events, youth nights put on by the Archdiocese of Los Angeles and/or the Santa Barbara Region of the Archdiocese and/or the Deanery for Catholic Youth. These activities will take place under the guidance and direction of Santa Clara Parish employees and/or volunteers from the parish(es) of the Archdiocese of Los Angeles, CA. I understand that transportation to and from these events is the responsibility of each participant unless otherwise stated to me, the legal parent/guardian.

As parent/legal guardian, I remain legally responsible for any personal actions taken by my child. In consideration of Santa Clara Chapel Youth Ministry (SCCYM) and arranging for all SCCYM activities and events to the undersigned, I parent/legal guardian of \_\_\_\_\_, a minor, hereby release and agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above-named parish, its pastor, employees, officers directors and agents, the Archdiocese of Los Angeles, and any chaperones, or representatives associated with the event(s), from any liability, claims, damages for any

illness or personal injury, or property loss or damage arising from or in connection with my child attending the event(s) or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its pastor, employees, officers, directors and agents, the Archdiocese of Los Angeles, CA, and any chaperones, or representatives associated with the event(s) for reasonable attorney's fees and expenses arising in connection therewith.

My child, \_\_\_\_\_, has my permission to participate in all SCCYM events. I understand that neither Santa Clara Parish Chapel or Santa Clara Catholic Church, nor any of its agents, are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

In the event my child needs emergency medical treatment of any kind while at these events, or if my child takes prescription medication, I authorize the parish or its agents to authorize emergency medical, dental, or hospital treatment, administration of anesthesia, or surgical treatment deemed necessary by a duly licensed physician or dentist for the health and well-being of my child, as named herein, in the event of a medical emergency which, in the opinion of the attending physician or dentist, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed, and to execute all such consents, authorizations, releases and other papers as may be deemed necessary in connection therewith, and/or to administer said prescription medication as directed. This authorization extends to any hospital, physician, dentist and nursing personnel where treatment is rendered. I release from liability and medical responsibility the hospital, physician, dentist, and nursing personnel for performing medical/dental procedures, acting on the authority of this medical/dental treatment consent form, which such providers deem necessary for my minor child.

We, the members of Santa Clara Parish Chapel and Santa Clara Youth Ministry, reserve the right to have the parent/legal guardian of participant (stated above) retrieve said participant in the case of illness, behavior that endangers himself/herself or others, and behavior that is not consistent with rules of Santa Clara Youth Ministry.

Prescription Medication? \_\_\_\_\_ If yes, please indicate type and how it is to be taken: \_\_\_\_\_

May we give Tylenol / Ibuprofen if necessary? Yes / No

Specific allergies, chronic illnesses or other conditions? \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Also, I hereby grant permission for photographs of my child to be taken at Youth Ministry functions and used in communication mediums, such as a local newspaper, Diocesan Publications, Santa Clara Parish Website and/or any Santa Clara Youth Ministry-affiliated web pages.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian