



**Assumption Parish/Oakland Diocese**  
**K-12 Religious Education/Activities Parental Permission/Health Authorization**  
**Form**

Date \_\_\_\_\_

Student \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Birth date \_\_\_\_\_

Student \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Birth date \_\_\_\_\_

Student \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Birth date \_\_\_\_\_

Student \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Birth date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address /City/Zip \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan No. \_\_\_\_\_

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

Does any child have any medical conditions/allergies/take any medication? Please list name(s) and explanation below:

Person (other than parent) you authorize to be notified and/or to pick up your child(ren) in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

1. I/We, parent or authorized guardian of the above-named child(ren) hereby give permission for their participation in any and all Faith Formation/Youth Ministry activities, including but not limited to transportation to and from events.
2. I/We agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions of Faith Formation/Youth Ministry staff and volunteer personnel responsible for Faith Formation/Youth Ministry activities.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/We understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

I have read this agreement and understand everything written above.

\_\_\_\_\_  
 Signature of Parent or Guardian

Date \_\_\_\_\_

**MODEL RELEASE STATEMENT**

I hereby grant permission for my child to be photographed and or/videotaped during Faith Formation activities and events. 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 activities at Church of the Assumption

I have read this agreement and understand everything written above.

\_\_\_\_\_  
 Date \_\_\_\_\_