

St. Victor Church
3108 Sierra Road
San Jose, CA 95132
(408) 251-0165

DIOCESE OF SAN JOSE

PARENTAL PERMISSION / EMERGENCY FORM

ACTIVITY: _____
Event Begins: _____ Event Ends: _____

CHILD'S NAME _____ PARISH **St. Victor**

ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____ BIRTHDAY _____

PARENT / GUARDIAN'S NAME _____ WORK PHONE _____

PERSON (S) OTHER THAN PARENT TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

I, the parent (guardian) of the above-name child, hereby, give my permission for, his/her participation in the activity named above. I agree to direct my child to cooperate and conform to the directions and instructions of the parish, school or diocesan personnel responsible for the activity.

I have the following **medical insurance** that would cover any hospital, medical and related costs and expenses in the event of illness or accident of any emergency, nature, as follows:

In the event my child is injured or becomes ill and requires emergency medical attention, any resulting hospital, medical or related costs and expenses will be paid by the medical insurance or benefit plan of my spouse or mine.

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

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriated by the physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

PARENT / GUARDIAN'S SIGNATURE _____ DATE _____

OTHER PARENT / GUARDIAN SIGNATURE _____ DATE _____

PLEASE RETURN ON DAY OF EVENT / ACTIVITY