

Name of Student (print): _____

Last

First

Middle



Margaret

Parents: Please fill out the neces

Diocese of Monterey
Permission Waiver and Release &
Consent for Treatment Form
for parish/school activity/event

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school from any claims that the parents/guardians may have against the parish/school before, during, and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the ROMAN CATHOLIC BISHOP OF MONTEREY, CALIFORNIA, A CORPORATION SOLE, the DIOCESE OF MONTEREY EDUCATION AND WELFARE CORPORATION, both also known as the DIOCESE OF MONTEREY OLD MISSION SCHOOL, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Below please find a brief description of the schedule of activities (to be completed by sponsoring parish/school)

Activity/Event: _____
Educational Objective: _____
Location of activity/event: _____
Parish, School or Agency: _____
Date of event: _____ Departure date: _____
Departure time: _____ Return date: _____
Estimated time of return: _____ Mode of transportation: _____

I, _____ (name of parent or legal guardian) parent or legal guardian of _____ (name of child) hereby gives my permission for my child to participate in the youth activity named above. I agree to direct my child to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child is physically fit and capable of participation in this event.

(please see other side)

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor has been entrusted, to consent to and permit any and all necessary medical services for my child to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, or to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consult to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all times that my child is under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor returns from the event and is no longer under the supervision of the DIOCESE OF MONTEREY.

Please provide the following information:

Child's Name: _____ Date of Birth: _____
Male: Female:
Allergies (foods, drugs, insects, etc.) _____
Medications (name, dosage, reason) _____
Other information (injuries) or special health/physical conditions _____
Insurance Carrier _____ Group or ID# _____
Person(s) to notify in case of an emergency:
Name _____
Day Phone Number(s) _____ Evening Phone Number(s) _____
Name _____
Day Phone Number(s) _____ Evening Phone Number(s) _____
Child's Doctor _____ Phone Number _____
Child's Dentist _____ Phone Number _____
Child's Orthodontist _____ Phone Number _____

This waiver and release form is signed in order to participate in the above named event for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child and he/she is aware of and understands the importance of following all rules set out by the supervisor(s).

Name of Parent/Guardian: _____
Signature of Parent/Guardian: _____ Date: _____