

DIOCESE OF ALLENTOWN - NOTRE DAME OF BETHLEHEM CYO

PARENTAL/GUARDIAN PERMISSION FORM & RELEASE

Participant's name: _____ Birth Date: _____ Sex: _____

Parent/Guardian(s): _____ Parent's email: _____

Home address: _____

Home phone: _____ Other phone (business/cell): _____

I (we) grant permission for our child, _____, to participate in all related programs or events associated with the Notre Dame of Bethlehem CYO.

RELEASE: As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. In consideration for my (our) child's participation, I (we) and my (our) child, understand and agree that we assume the risks inherent in the program, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and hold harmless and defend Notre Dame of Bethlehem Parish, and the Diocese of Allentown, and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the program (all of whom are collectively referred to as the "Diocese") from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

USE OF IMAGE: As parent(s)/guardian(s) of the above named child, I(we) give permission for any photos, video and/or audio of my child taken during CYO sponsored activities to be used in materials produced by Notre Dame CYO or on the Notre Dame website.

EMERGENCY MEDICAL TREATMENT: I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my (our) child. In the event of a **medical emergency**, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate. I (we) wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me (us) at the indicated numbers, contact the Secondary Contact listed below.

Secondary Contact: Name: _____ Relationship: _____ Phone: _____

Family Doctor: _____ Phone _____

Health Plan Carrier: _____ Group #: _____ I.D. #: _____

MEDICAL CONDITIONS: The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations (date of last tetanus/diphtheria immunizations): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to any contagious disease or condition (mumps, measles, chicken pox, etc.)? If so, please list disease or condition and date: _____

Other medical conditions of my (our) child: _____

We have read carefully this entire Parental/Guardian Permission Form and Release and agree to its terms and intend to be bound hereby.

Participant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____