

**ST. CHRISTOPHER YOUTH MINISTRY
(DIOCESE OF SAN JOSE)
2278 BOOKSIN AVE.
SAN JOSE, CALIF. 95125
(408) 265-3230**

**PARENTAL PERMISSION FORM / PLEASE SIGN WITH INK
(Please use this "generic" permission form by filling in the activity, date, etc.)**

LIST ACTIVITY: _____

LIST DATE/TIME: _____

LIST location of activity: _____

CHECK TRANSPORTATION OPTION: provided by parish? Yes / No

TEEN'S NAME _____ PHONE (____) _____

ADDRESS _____

PARISH _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

PARENT/GUARDIAN'S NAME _____ HOME PH# (____) _____

ADDRESS _____ WORK PH# (____) _____

PERSON OTHER THAN PARENT TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE # (____) _____

I, the parent (guardian) of the above-named 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 the medical insurance or benefit plan of my spouse or mine will pay expenses.

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 appropriate 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 _____