

DIOCESE OF OAKLAND
CATHOLIC YOUTH ORGANIZATION (CYO)

PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM

CHILD'S NAME _____ PARISH _____

ADDRESS _____ PHONE _____
(Street, City, Zip)

SCHOOL _____ GRADE _____ BIRTHDATE _____

PARENT/GUARDIANS NAME _____ PHONE _____

ADDRESS _____ WORK PHONE _____
(Street, City, Zip)

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

NAME _____ PHONE _____

I/We, the parent, guardians of the above named child hereby give my/our permission for his/her participation in any and all CYO activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of CYO personnel responsible for CYO activities.

I/We agree that in the event my/our child is injured as a result of his/her participation in CYO activities, including transportation to and from these activities, whether or not caused by the negligence of the parish/school CYO program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We hereby give permission for:

ADULT LEADER _____ ADULT LEADER _____
to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

PARENT/GUARDIANS SIGNATURE _____ DATE _____

PARENT/GUARDIANS SIGNATURE _____ DATE _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY/ZIP _____

MEDICAL PLAN _____ PLAN NUMBER _____

IF YOU DO NOT WANT MEDICAL CARE GIVEN TO YOUR CHILD, STATE REASONS _____

BOTH SIDES OF THIS FORM MUST BE COMPLETED