

**DIOCESE OF EL CAMINO REAL
PARENT/GUARDIAN PERMISSION SLIP**

This paper is to stay with sponsoring adult at all times

I give permission for (name of child), _____, to participate in _____
_____ on the following date(s) _____ and
agree that this child is capable of participating in this activity with the following exceptions: none or list
exceptions: _____.

I give my consent for a physician to provide medical or surgical care for this child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I, the undersigned parent(s)/guardian of _____, a minor, do hereby authorize the following person(s) _____ as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. 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 our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

This child is allergic to the following food and/or medication: _____

and/or taking the following medication on a regular basis: _____

Medication directions: _____

(Parent/
Guardian 1) Home phone number: _____ Work Number: _____ Cell: _____

(Parent/
Guardian 2) Home phone number: _____ Work Number: _____ Cell: _____

Child's SS# _____ *Please note that the Social Security Number is optional, but is helpful if emergency room treatment is necessary.*

Health/hospitalization Insurance: _____ Policy Number: _____

Person to contact if I/we cannot be reached:

Name: _____ Phone: _____

I/we agree to inform the Diocese of any changes to this information and this permission is valid until revoked in writing. I/we release the Diocese from any liability, from negligence or otherwise, for any injuries or loss sustained by the above child in this activity.

Signatures for self and on behalf of child named above:

_____ AND _____
Parent 1 (or Guardian check) Parent 2

_____ Print Name _____
Print Name

_____ Date _____
Date

_____ Witness _____
Witness

_____ Print Name _____
Print Name