

**Our Lady of Fatima Catholic Church**  
**Minor Permission, Medication Notification & Release Form**

**Event: God Squad Day Retreat**

**Program: Youth Ministry**

**Dates & Time:** August 10<sup>th</sup>

**3:30-8:30PM**

**Location:** McGowan Hall

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**Participant Information:** Please print all information

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Father's Cell Phone (\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** Secondary Person to contact in case of emergency (adult of another household)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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**MEDICATION NOTIFICATION:** *During the above named activity my son/daughter has my permission to take the following:*

Choose at least one:

My son/daughter will be taking a prescription medication.

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_

My son/daughter will be taking a non-prescription medication.

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_

My son/daughter will **not** be bringing any medications, but I authorize, if needed, Youth Ministry leaders to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: \_\_\_\_\_

I, the Parent (guardian) of \_\_\_\_\_, hereby give my permission for his/her participation in the above named activity.

I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/ her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

*Both parents/guardians are asked to sign whenever possible or applicable*

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Behavioral Contract Our Lady of Fatima

Event: God Squad Day Retreat

Date: Saturday, August 10<sup>th</sup> | 3:30-8:30 PM

Location : McGowan Hall

I, \_\_\_\_\_, agree to follow all rules and directions at the stated above event.  
participant

*(Please initial upon reading each item.)*

\_\_\_\_ I agree to have a fun and respectful attitude and participate fully in all activities and talks of the day.

\_\_\_\_ I agree to follow all rules and directions of the driver and the chaperones.

\_\_\_\_ I agree not to bring chewing gum, cigarettes, chewing tobacco, e-cigarettes, cigarette lighters or matches.

\_\_\_\_ I agree to respect the other participants that will be attending this training.

\_\_\_\_ I agree to stay within the boundaries of the location stated above

\_\_\_\_ I agree to turn off/put away all music, cell phones, video games, newspapers, books, homework, magazines, anything else when asked during specific times of the event.

\_\_\_\_ I agree to be back on time from all breaks and free time.

\_\_\_\_ I agree to no romance of any form

\_\_\_\_ I agree not to use profane language.

\_\_\_\_ I agree not to steal and to respect the property of others.

\_\_\_\_ I agree to dress appropriate. No yoga/exercise wear, no crop tops, or revealing clothing.

\_\_\_\_ \* I agree to no inappropriate sexual behavior.

\_\_\_\_ \* I agree not to bring knives, guns, weapons of any kind or the use of anything as a weapon.

\_\_\_\_ \* I agree not to bring or use alcohol, or drugs of any kind.

\_\_\_\_ \* I agree not to bring stink-bombs, firecrackers or any other type of explosives.

I understand and agree to these rules and guidelines and I understand that if the Diocesan Leadership Team and my Youth Minister believes that my behavior warrants my being asked to leave the event, I will be sent home and my parents will be held responsible for my transportation and financially responsible for any damage that I have caused.

*The starred (\*) items above warrant an immediate call to Parents and immediate dismissal from the event, as well as possible involvement of legal authority if warranted.*

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date