

****Please note: Signatures on this form must be notarized**

Permission/Medical Release Form

This is to certify that I grant permission for my child's _____ participation in _____ sponsored by _____ on _____.

I understand that the event will take place in _____. I agree to defend, indemnify and hold harmless the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in the above mentioned activity.

In case of an emergency, I give my approval and authorization for an adult representative of the _____ to sign for medical treatment by a physician and/ or hospital designated _____ of the Diocese of Victoria in Texas, if I am unable to do so.

_____ Date

_____ Signature of Parent

The State of Texas

County of _____

This instrument was acknowledged before me on _____, 2010

Notary Public

Printed Name

My commission expires on: _____

Please fill out the **STUDENT information below:**

Name _____ Age _____ Sex _____

Address _____ Home Phone (_____) _____

City/State/Zip _____

Date of Birth _____

Parish/City _____

This form is to be used in addition to the detailed medical form (Form A) for out-of- state trips.