



DIOCESE OF ORANGE MINOR PERMISSION AND LIABILITY RELEASE FORM

ACTIVITY: Roller Skating
 DATE & PLACE: Friday, October 6th / Fountain Valley Skate Center
 SCHOOL/PARISH: Our Lady Queen of Angels School

STUDENT/MINOR PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ CHECK ONE: ___ FEMALE ___ MALE

STUDENT'S CELL PHONE: _____

PARENT/GUARDIAN NAME(S): _____

HOME ADDRESS: _____

MOTHER'S HOME/CELL PHONE: _____ FATHER'S HOME/CELL PHONE: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____ RELATION: _____

MEDICATION *During the above named activity, my child has my permission to take the following:*

Choose at least one:

- My child will be taking a prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____
- My child will be taking a non-prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____
- My child will not be bringing any medications, but I authorize, if needed, school/parish/diocesan staff to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: _____

I, _____ grant permission for my child, _____
 Parent or Guardian's Name Child's Name

to participate in this school/parish/ diocesan event. This activity will take place under the guidance and direction of school/parish/ diocesan employees and/or volunteers from _____
 Name of School/Parish

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents,
 Name of School/Parish

and the Diocese of Orange, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Orange, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Orange.

Parent Signature: _____ Date: _____