**Parental Permission Form**

**Diocese of San Jose**

**Activity: Catholic Family Conference July 26, 2014 from 10:30 am to 6:00 pm on the premises of the Our Lady of Peace Church Campus including Family Learning Center, Church, and grounds. Youth shall be walked in to the gym by their parents and signed in at the beginning of the day and checked out by the parent with the group leader at the end of the day.**

**Child’s Name:** **1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Child’s personal data and emergency contact are listed on the registration and child emergency form)

I, the Parent/Guardian of the above named Child, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform to the directions and instructions of the parish, school or Diocesan personnel responsible for the activity.

The **medical insurance** noted on the **child emergency information form** would cover any hospital, medical and related costs and expenses in the event of illness or accident of an emergency nature.

*I hold the parish of Our Lady of Peace and Diocese of San Jose harmless from any claim of injury, sickness, illness or damage that my child may suffer or sustain during the ACTIVITY listed above, with exception to injury of damages arising out of the sole negligence of the parish or Diocese of San Jose.*

*I attest that my child is physically fit to participate in this event.*

*In the event my child becomes ill or injured, I do hereby consent to whatever x-ray, examination, medical or treatment and hospital care are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital facility providing the treatment.*

*I am not aware of any medical condition which would render it inappropriate for my child to participate in any such activity.*

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

**OTHER PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**IGLESIA “OUR LADY OF PEACE”**

**DIOCESIS DE SAN JOSE**

**FORMULARIO DE PERMISO**

**Actividad: Jornada de Familias 26 de julio de 2014 de 10:30 a.m. a 6:00 p.m. en el complejo de la Iglesia Our Lady of Peace, que abarca el “Family Learning Center”, la iglesia y los jardines alrededor de ella. Los padres de los niños y jóvenes que concurran al oratorio deberán firmar las planillas de “sign-in” y de “sign-out” a la entrada y a la salida respectivamente.**

**Nombre del niño/a: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Los datos personales del niño/a y contactos en caso de emergencia se encuentran en el formulario de registración y en el de los datos en caso de emergencia)

Yo, el padre/madre/tutor del niño mencionado arriba, le doy autorización para participar en la actividad descripta en este formulario. Me comprometo a hacer que mi hijo/a colabore y cumpla con las reglas y normas de la parroquia, escuela o personal de la Diócesis responsable de este programa.

El **seguro médico** que consta en el formulario de información en caso de emergencia cubrirá todos los gastos de hospital, de médicos, etc. o cualquier otro tipo de gasto en caso de accidente.

*Yo declaro a la parroquia Our Lady of Peace y a la Diócesis de San José NO RESPONSABLE de reclamos por accidente, enfermedad o daño que a mi hijo/a pueda ocurrirle durante la actividad previamente mencionada, con la sola excepción de que el o los daños sean causados por negligencia de parte de la parroquia o de la Diócesis de San José.*

*Declaro que mi hijo/a se encuentra físicamente apto para participar en este evento o clases.*

*En el caso de que mi hijo/a se enfermara o sufriese alguna herida, yo doy autorización para la realización de rayos X o examen o tratamiento médico y/o cuidado hospitalario que se considere necesarios según lo que determine el médico allí presente o bajo la supervisión de un miembro del personal médico del hospital que provea el tratamiento.*

*No soy consciente de ninguna enfermedad que no permita participar a mi hijo/a de esta actividad y/o clases.*

**Firma del padre o tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firma de la madre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



March 30, 2014

I/We, that parent(s) of this youth (name)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

authorize and give full consent, without limitation or reservation, to **Our Lady of Peace Church**, to publish any photographs or videos in which the above named student and/or pictures or videos of his/her parents or grandparent(s) appears while participating in the Catholic Family Conference 2014 with **Our Lady of Peace Church** ministry. There will be no compensation for use of any photographs at the time of publication or in the future.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30 de Marzo 2014

Yo/nosotros, los padres del niño/a (nombre)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

autorizo/amos y damos pleno consentimiento, sin limitación ni reserva, a la Iglesia **Our Lady of Peace,** para publicar fotografías o videos en los que aparezca el alumno/a mencionado previamente y/o fotos y/o videos de sus padres y/o abuelos/as mientras participa de la Jornada de Familias 2014 en la Iglesia **Our Lady of Peace.** No habrá ninguna compensación por el uso de ninguna fotografía en el momento de publicación o en el futuro.

Firma del alumno/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del padre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma de la madre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Chancery ● 1150 North First Street ● Suite 100 ● San Jose, California 95112-4966

** **

**OUR LADY OF PEACE SUMMER ORATORY 2014**

**CHILD PICK-UP AUTHORIZATION for Team Leaders**

**List the name of your child and all the persons who are authorized to pick him/her up from the oratory.** Your child should remain in his/her assigned group until the adult responsible to pick him/her up signs them out. Please send a note with your child if for some reason a person not on your list will need to pick him/her up. In your note, include the relation of this person to your child.

***Complete este formulario con el nombre de su hijo/a y los nombres de las personas autorizadas para retirarlo/a.*** *Su hijo debe permanecer en el grupo que se le ha asignado hasta que la persona autorizada llegue para retirarlo. Si por alguna razón, la persona que debe retirar a su hijo/a no figura en esta lista, por favor envíe una nota con su hijo/a. En la misma, incluya. 1a relación de parentesco de esta persona con su hijo/a*

Child’s name/ *Nombre del niño/a*:

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_ Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_Team Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_Team Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized to pick up child**

Father’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

**Relation to child** (Grandparent, aunt, uncle, friend, baby sitter, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adults authorized to pick up my child**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_