

Vocation Brunch

DeSales Hall

Sunday September 16, 2018

For participants under the age of 18

Combined Consent and Health Form

Parents/Guardians: Your signature at the end indicates your consent and acceptance of the provisions included in this document. (please print)

Participant's Name: _____

Age: _____ Date of Birth: _____ Gender: Female Male

Home Phone (_____) _____

Work Phone: Father (_____) _____ Mother (_____) _____

Address _____

City, State & Zip: _____

I request that my child be permitted to participate in the activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her, if my child cannot self-administer, I give permission to the responsible program staff or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible program staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so.

In case of medical emergency, I understand that a reasonable effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the **VOCATION** Program Director or his designee to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

EMERGENCY INFORMATION: In case of illness, accident, or emergency, the **Vocation** Program Director or his representative will contact the parties listed below in the order listed.

1) Name: _____ Relationship: _____

Best DAYTIME Phone: _____

2) Name: _____ Relationship: _____

Best DAYTIME Phone: _____

MODEL RELEASE; I grant permission for my son/daughter's image to be used from photos taken during this activity. Use of photographs/video: The Salesian Society in the San Francisco Province and the Salesian Province Youth Ministry and Vocation Office assure the signed guardian that the use of the images of your son/daughter will be for very limited purposes of publication in office communications and on province and Salesian youth ministry websites, and for promotion of similar kinds of events or for news reports on this or similar future events. No manner of manipulation will be employed in the use of these images nor will they be made available for public use beyond the limitations set in this document. Photographs or videotape of participants may be used in publications, websites, or other material produced from time to time by the Salesian Society including promotion of future events.

Parent Name Printed:

Parent Signature: _____ **Date:** _____