



DIOCESE OF ORANGE
Rosary Academy
MINOR PERMISSION AND LIABILITY RELEASE FORM



ACTIVITY: Model United Nations **MODERATOR:** Mrs. Angela Ward **TRANSPORTATION:** N/A
DATE, TIME, AND PLACE: September 1, 2024 through May 31, 2025 | Various locations

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 **Rosary Academy**. 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 **Rosary Academy**, its officers, directors, employees and agents, and the Diocese of Orange, its **Rosary Academy** 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.

I expect my daughter to exemplify the behavior expected of a Rosary student; therefore, I insist that the Rosary code of behavior is applicable to this event. I understand that it is my responsibility to make my daughter aware of the ramifications of any violations of Rosary rules including alcohol consumption or drug usage, curfew violations, and overnight absence. Should my daughter violate any of these rules and/or those of the Rosary code of behavior, I understand that I or my representative will be contacted, and she will be sent home at my expense. Should it be necessary for my daughter to have medical treatment (including dental and/or hospital treatment), I hereby give permission to the adults in charge to use their judgment in obtaining medical services for her. I give permission to the physician selected by the adults in charge to render medical treatment deemed necessary and appropriate by the physician.

I 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 waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I 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.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

BOTH PARENTS/GUARDIANS ARE ASKED TO SIGN WHENEVER POSSIBLE OR APPLICABLE