

ST. HELEN VACATION BIBLE SCHOOL June 17-21, 2019
PARENTAL/GUARDIAN or VOLUNTEER MEDICAL CONSENT FORM & LIABILITY WAIVER

Child's Name _____

Date of Birth _____

Child's Name _____

Date of Birth _____

Volunteer's Name _____

Date of Birth _____

Medical Matters

Parent - I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. _____ initial

Volunteer: I hereby warrant to the best of my knowledge, I am in good health, and I assume all responsibility for my health. _____ initial

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Insurance Information:

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Phone: (____) _____

Mother's Name: _____ Phone: (____) _____

Volunteer Spouse's Name: _____ Phone: (____) _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child/ren (participant's name), entered on the form to participate in **St. Helen Vacation Bible School to be held June 17-21, 2019, at St. Helen Catholic Church.**

I agree on behalf of myself, (volunteer name) _____ name herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, CCE ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

Parent (_____ initial) I agree on behalf my child's other parent if known or living (name of other parent), _____, my child name herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, CCE ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

VIDEO/PHOTOGRAPHY CONSENT

As **parent/guardian or volunteer**, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature (Parent/Guardian or Volunteer)

Date

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.