

**ST. HELEN VACATION BIBLE SCHOOL June 10-14, 2024**  
**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 10-14, 2024, 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.*

