

**PARENT GUARDIAN CONSENT & LIABILITY WAIVER**

Participant's Names: \_\_\_\_\_ Date: \_\_\_\_\_  
 (All Children participating this year)

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

**Medical Matters**

I hereby warrant to the best of my knowledge, my children are in good health, and I assume all responsibility for the health of my children. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

**Emergency Medical Treatment**

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

**Emergency Contact**

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

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Condition Information** *(We will take responsible care to ensure that this information is held in confidence)*

List any conditions which it is important for those caring for your children to know while they are in our care.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Information:  **No, I do not carry medical insurance at this time.**

**Insurance Carrier** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**VIDEO/PHOTOGRAPHY CONSENT**

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

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT & LIABILITY WAIVER**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child(ren), (all minor participant's names from this family) \_\_\_\_\_ to participate in the scheduled

Faith Formation year of activities to be held at the Community Life Center of St. Angela Merici Catholic Church.

I agree on behalf of myself, my children's other parent if known or living (name of parent), \_\_\_\_\_ my children named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (it's pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

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

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_