

"Jesus is my Superhero" Vacation Bible School

DIOCESE OF CORPUS CHRISTI
PARISH: OUR LADY OF MT CARMEL CATHOLIC CHURCH, PORTLAND, TX

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

CHILD NAME _____ 2019-2020 GRADE LEVEL _____ AGE _____
NICKNAME _____ Date of Birth _____ M F
SPECIAL NEEDS/ALLERGIES _____
HOME ADDRESS _____
EMERGENCY CONTACT NAME and NUMBER _____ (____) _____
DID CHILD ATTEND 2018-2019 RELIGIOUS EDUCATION PROGRAM @ OLMC, PORTLAND?
_____ YES, (mark one) KINDER 1st 2nd 3rd 4th 5th _____ NO _____
T-SHIRT SIZE CHILD _____ XS _____ S _____ M _____ L ADULT _____ S _____ M _____ L _____ XL

PARTICIPATION CONSENT & LIABILITY WAIVER

IMPORTANT! To be filled out by Parent/Guardian for youth under 18 years of age.

I (name of parent/guardian) _____, grant
permission for my child, (participant's name) _____,
to participate in OLMC Vacation Bible School Program to be held 6/03/19– 6/07/19.

I agree on behalf of myself, my child's other parent if known or living (name of parent/guardian) _____,
my child named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi, the sponsoring parish (its pastor, youth
ministers, directors, assistant directors, coordinators, volunteers, other agents, etc.) or any representatives associated with the scheduled activity from all damages, claims,
suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the
Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees.

SIGNATURE (PARENT/GUARDIAN)

(DATE)

PHOTOGRAPHY / VIDEOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (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)

(DATE)

OLMC Vacation Bible School

June 3 – June 7, 2019 (Incoming K~6th)

Our Lady of Mt Carmel Church 1008 Austin St, Portland TX (361)643-3548
Doors open at 8:50 am Program Begins Promptly at 9 am Ends at 12:30 pm Snack provided
\$25.00 Registration Fee Per Child PAID _____ Cash/Ck# _____ DATE _____

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT
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MEDICAL CONSENT

MEDICAL MATTERS

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

Medications:

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication (s) _____ Dosage _____

Administer: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription, may be administered by my child unless the situation is life threatening and emergency treatment is required. (please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (please initial)

INSURANCE INFORMATION

Please attach a copy of the Insurance Card, front and back, with this form

Insurance Carrier _____

Name of Insured _____

Insurance Policy Number _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

_____ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone chargers reversed to myself).

ACKNOWLEDGEMENT

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely and willingly.

SIGNATURE (PARENT/GUARDIAN)

(DATE)

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Donations are always appreciated. Some ideas below, please call for more.

Small Bottles of Water, Kleenex and Hand Sanitizer. Thank you!!