

# Minor Volunteer Form We proclaim the Good News

## MINOR INFORMATION

Minor's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Birthdate: \_\_\_\_\_

## PARENTS/GUARDIANS INFORMATION

Relationship:  Father  Mother  Other Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## AUTHORIZATION AND CONSENT

### MEDICAL TREATMENT (authorized with signature below)

As a parent or legal representative, I authorize and give my consent for my child to obtain all necessary medical and first aid treatment to preserve the life or welfare of the child in the event of a emergency. Specify allergies, chronic illnesses, learning problems, or other problems that affect your child:

\_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ ID #: \_\_\_\_\_

### IN CASE OF EMERGENCY (authorized with signature below)

I authorize and give my consent for my child to be retained in the parish until events such as lockout are lifted and delivered only to parents or authorized adults on this form.

### PRESS RELEASES (authorized with signature below)

I authorize and give my consent to St. John Eudes Parish to use photos/videos taken of my child during parish events in publications, videos and website.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*