

# "Maker Fun Factory" Catholic 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 \_\_\_\_\_ 2025-2026 GRADE LEVEL \_\_\_\_\_ AGE \_\_\_\_\_

NICKNAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F

SPECIAL NEEDS/ALLERGIES \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME and NUMBER \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

DID CHILD ATTEND 2024-2025 RELIGIOUS EDUCATION PROGRAM @ OLMC, PORTLAND?

\_\_\_\_\_ YES If Yes, circle what grade: PRE-K 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 6/9/25 – 6/13/25.

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 9 – June 13, 2025 (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 (Max \$100.00 per Family)  
PAID \_\_\_\_\_ Cash/Ck# \_\_\_\_\_ BALANCE DUE \_\_\_\_\_ INITIALS \_\_\_\_\_ 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, Motrin, Benadryl) 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 charges 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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Adult Volunteers Needed! Donations always appreciated. Some ideas below, please call for more.

Monetary, Small Bottles of Water, Kleenex, Paper Towels, Clorox Wipes! Thank you!!