

The Catholic Charismatic Center

1949 Cullen Blvd.
Houston, Texas 77023
(713) 236-9977

Parental/Guardian Consent Form And Liability Waiver

Participant's Name: _____ Date of Birth _____

Home Address: _____ City/Zip Code: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Pager Number: _____

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

I (name of parent/guardian) _____ grant permission for my child
_____, to participate in _____.

I agree on behalf of myself, my child's other parent (name of parent) _____,
My child named herein, to hold harmless and defend the Catholic Charismatic Center, its pastor, children's ministers,
other agents, etc. or any representatives associated with the scheduled activity, unless the parties involved were
careless and/or negligent.

Medical Matters:

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. Of the following 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 and Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy Number: _____

1. Signature: _____

Other Medical Treatment:

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I want to be called immediately.

2. Signature: _____

Medications:

No medication of any type, whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

3. Signature: _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

4. Signature: _____

I fully understand the forgoing statements and sign this Parental/Guardian consent Form and Liability Waiver knowingly, freely, and willingly. **Parent/Guardian must sign for anyone under 18 years of age.**

5. Signature: _____