

**EMERGENCY INFORMATION AND RELEASE FORM FOR VBS/BIBLE CAMP 2019  
MINOR (under 18) CHILD/YOUTH**

St. Hedwig Catholic Church – Bible Camp - Diocese of Orange

(Please print all information)

<b>Child's Name</b> _____ <b>Date of Birth</b> _____
<b>List all other medical information/special needs for this child:</b> _____ (Please write "none" if there are none)

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Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_ Religion \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_ Religion \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Marital Status: (circle) Married Separated Divorced Remarried Widowed Single

**Name(s) of Parent/Guardian with whom child(ren) resides:** \_\_\_\_\_

**List any special family concerns or custody issues:** \_\_\_\_\_

**Emergency Contact to whom the child(ren) may be released, other than parent/guardian:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

I, the parent/guardian of the above named child, hereby give permission for his/her participation in activities sponsored by Office of Faith Formation of St. Hedwig Church. I agree to direct my son/daughter to cooperate and conform to directions and instructions from all persons responsible for these activities. As a condition of my son/daughter being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, employees, and volunteers from any and all claims for personal injury or property damage that he/she may suffer as a result of his/her participation.

I hereby authorize the making of photographs, audio/video recordings, or other memorializing of said events and my son/daughter's participation therein, and the publication and duplication or other use thereof. I hereby waive any right to compensation or any other rights that otherwise I might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental, or other appropriate treatment necessary in case of an emergency.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This authorization shall remain effective until June 30, 2019