

Parent Consent Form for AMHS Christian Service Events

To the parent or guardian: This release and authorization form is designed to be a legal agreement between the parents/guardians of the student and the school. It is an agreement releasing the school from any claims that the parent/guardians may have against the school before, during, and after the activity. This form is also authorization for the adult supervisor to consent to any medical care needed by the student if the situation should arise. Please have your execution of this form witnessed by one other adult.

To the moderator and student: This form is to be used to gain parental/guardian consent for a student's participation in an AMHS event. It also authorizes medical treatment for the student in the event of a medical emergency in which the parent/guardian cannot be contacted. This form must be submitted to the supervising staff member prior to a student's participation in the AMHS event listed below. The supervising staff member should keep these forms throughout the events and save them for one year the events.

I give permission for my child/ward _____ to volunteer at this agency _____ on these dates and times:

_____.

I hereby release and discharge Archbishop Mitty High School, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned ever had, now has, or may have, or claim to have, against Archbishop Mitty High School, its successors, or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of the above names activity/event.

The undersigned, who is one of the parents having legal custody or is the legal guardian of (student's name) _____ hereby authorizes the agent, employee, or officer of Archbishop Mitty High School into whose care this minor has been entrusted to consent to and permit any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent to and permit any x-ray examination, dental or surgical diagnosis or treatment and hospital care rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

I understand that the above named student will travel on school provided transportation.

I understand that the above named student will need to provide his or her own transportation.

Home Phone Number _____ Alternate _____

Person to contact in case of an emergency _____

Emergency Phone Number _____

I, the undersigned, have read this release form and understand all of its terms, I execute this voluntarily and with full knowledge of its significance.

Parent/Guardian Signature _____ **Date** _____