

# HOLY FAMILY NURSERY

## Parent/Guardian Consent to Volunteer

Volunteers Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email (to be used for online scheduling): \_\_\_\_\_

Phone: \_\_\_\_\_

### Consent:

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate as a volunteer catechist in the Holy Family Nursery.

### Medical Treatment Authorization:

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the providing of necessary medical services in the event that my child is injured or becomes ill.

I authorize \_\_\_\_\_ Church to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that \_\_\_\_\_ Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

Signature \_\_\_\_\_ Date: \_\_\_\_\_