Calendar

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**Parent/Guardian Consent and Waiver Form**

**My child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to volunteer with Redmond School Break Food Box Program at Redmond Presbyterian Church. In signing this document, I agree to the following:

* In case of emergency, I authorize the adult(s) in whose care I’ve entrusted my child to seek any medical treatment that may be required.
* I recognize that the leadership team will use their best judgement as to the health and safety of my child.
* I agree that medical treatment offered by the program leadership team may include band-aids, cold packs, and other standard First Aid measures; life-threatening, emergency treatment may be provided by medical professionals; *if an attempt has been made to contact me, but I am not available*, decisions regarding my child’s care may be entrusted to the adults of the leadership team, in consultation with the medical professionals.
* I will not hold the Redmond School Break Food Box Program OR Redmond Presbyterian Church responsible for any accident, injury, or loss of life that may occur while my child is volunteering.
* I am responsible for all costs associated with any medical services my child may require, whether my child has medical insurance or not.
* If my child struggles to follow health and safety rules, I may be asked to pick up my child before the volunteer shift is over.

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**Parent or Guardian’s printed name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian’s signature Date**

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**Parent or Guardian’s cell phone number**

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**Emergency Contact if parent/guardian is unavailable Emergency Contact’s Cell phone #**

**PHOTO RELEASE**

Redmond Food Box Program and RPC have my permission to use

* my child’s image and voice

for advertising and promoting their programs in various mediums including social media, websites, and printed materials.

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**Signature of Consenting Parent/Guardian Date**

**Updated 9.2022**