**St. John’s Episcopal Church**

**2025 VBS Release Form**

Youth’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST MIDDLE LAST

□ Male □ Female □ Baptized □ Confirmed T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday \_\_\_\_\_\_\_\_\_\_\_ Grade Fall 2025\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth is under custodial care of □ Both parents □ Mother only □ Father only □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother / Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father / Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical History**

Where necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness,

propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form, adding additional pages with necessary detail.

1. For this participant’s safety and our knowledge, this participant is a

□ good swimmer □ fair swimmer □ non-swimmer

2. Does this participant have allergies to

□ none □ pollens □ medications □ food □ insect bites □ other

PLEASE LIST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does this participant require an EpiPen or other epinephrine autoinjector? □ yes □ no

*If yes, participant is required to present the EpiPen to an adult facilitator at the start of all activities. Without an EpiPen, the participant will be asked to leave.*

4. Does this participant suffer from, or has ever experienced, or is being treated currently for any of the following:

□ asthma □ epilepsy / seizure disorder □ heart trouble □ diabetes

□ frequently upset stomach □ physical handicap □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please list any prescription medications the participant is taking (type/dose/frequency):

6. Please list and explain any major illnesses the participant has experienced during the last year:

7. Should this participant’s activities be restricted for any reason? Please explain:

**COMMUNITY GUIDELINES FOR ST. JOHN’S VBS**

The success and enjoyment of our experience in Christian fellowship at VBS will largely depend upon our mutual responsibility to one another and to God.

I give permission for my child to participate in VBS at St. John’s Episcopal Church. I give my permission for my child to be contacted by telephone and by email by Youth volunteers or Adult staff. In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; not withstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary, and to sign any medical forms necessary on my child’s behalf; and I do hereby release St. John’s Episcopal Church, the Episcopal Diocese of Southwest Florida, and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

I understand that photos, videos, and sound recordings will be taken during VBS activities. I grant to St. John’s Episcopal Church and to the Episcopal Diocese of Southwest Florida, their representatives and employees the right to take photographs, video recordings, and sound recordings of my child.

I authorize St. John’s Episcopal Church and the Episcopal Diocese of Southwest Florida, its assigns and transferees to alter, copyright, use and publish the same in print and/or electronically, with or without my child’s name, for any lawful purpose, including such purposes as publicity, illustration, advertising, displays, and internet content. I hereby waive any right that I may have to inspect or approve photo, video, or sound products. In addition, I waive the right to any compensation related to their use.

All of the information provided on this form is accurate to the best of my knowledge. If at any time the information does change I will provide an updated information sheet at that time.

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

Parent Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_