**2018 St John’s VBS Consent Form**

**June 18-22, 2018**

9:00am – 12:00pm

St John’s Episcopal Church 906 S Orleans Ave Tampa, FL 33606

\*Parents please have children arrive by 8:40 a.m. on June 18th for Check-in/Registration

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| --- |
| **Child’s Name (Last, First) Age Birthdate**  |
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**Parent(s)/Guardian Name(s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Work Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent e-mail address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The undersigned does hereby give permission for my child(ren): [List child(ren) name(s)]**

to attend and participate in St John’s Episcopal Church’s Vacation Bible School during the period of **JUNE 18-22, 2018.**

**LIABILITY RELEASE:** In consideration of St John’s Episcopal Church Tampa allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless St John’s Episcopal Church Tampa , its directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School.

Furthermore, I [and on behalf of my minor child(ren)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. I, the undersigned, do hereby release, forever discharge and agree to hold harmless St John’s Episcopal Church Tampa, directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**PHOTO/PICTURE PERMISSION:** I give my consent to St John’s Episcopal Church Tampa to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless St John’s Episcopal Church Tampa from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)’s tenure at St John’s Episcopal Church Tampa’s Vacation Bible School.

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

**Medical Insurance**: YES \_\_\_\_\_NO \_\_\_\_

**Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy/Group ID**#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies or Medical Conditions:** *(If more than one child list each separately)*

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**Date of last tetanus shot** *(Each child)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Activity restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact person & phone #s in case parent/guardian cannot be reached:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Note: All information will remain confidential to VBS Staff.**

Please return all completed Permission/Waiver forms to:

St John’s Episcopal Church

Attn: Ayana Grady

906 S Orleans Ave

Tampa, FL 33606