

# VACATION BIBLE SCHOOL (VBS) PERMISSION FORM

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

**Parish/School :** Good Shepherd Catholic Church

**Date of Event:** June 24-28, 2019 **Destination:** Good Shepherd Catholic Church Campus

**Individual(s)/Teacher(s) in Charge :** Alex Schindler; Kristina Barten, Bridget Donnay

**Start Time:** 9am **End Time:** 12pm

**Mode of Transportation To & From Event:** Drop-Off/Pick-Up

**PICK-UP AUTHORIZATION:** The following individuals are authorized to pick-up my child from VBS.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## HEALTH INFORMATION:

Medication my child is taking at present \_\_\_\_\_

For headache or minor pain, my child may be given \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_ Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, **GIVE PERMISSION FOR** \_\_\_\_\_  
Parent or Guardian Name Child Name

**TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.**

**I agree to drop my child off at the location and to provide transportation home at my expense.**

**I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Good Shepherd Catholic Church while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.**

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

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (*Of the following statements pertaining to medical matters, sign only those that are applicable.*)

**Medical Treatment:** In the event it comes to the attention of Good Shepherd Catholic Church, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

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

**No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

**Specific Medical Information:** Good Shepherd Catholic Church will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.?

If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

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

**PHOTO RELEASE:** I hereby grant permission for the use of my child's image, photo, or video coverage (without their names) via all electronic media, including parish and school websites and social media channels for purposes that are related to parish activities.

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