M.A.C.C. Vacation Bible School Medical/Media Form

June 14 through June 17, 2021 - 9a.m. until Noon at Assumption Parish (3516 E. Monroe Rd. Midland)

Name:		Participant Volunteer		
	List allergies, medication, or pertinen	t medical information the coordinator should know:		
Name:	List allergies, medication, or pertinen	\Box Participant \Box Volunteer t medical information the coordinator should know:		
Name:	List allergies, medication, or pertinent medical information the coordinator should know:			
Name:				
Emerge	ency Contact: Name	Phone #		
		Policy/Contract Number:		
Family	Physician:	Phone #:		

Medical: In case medical treatment is necessary and the emergency person cannot be located, the following authorization is needed, I (We) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named adult/minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan.

Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.

Media Release: During the course of the program church staff or volunteers will be taking photos, videotaping and/or voice recording individuals. This media may be displayed on our parish's website or be distributed to enrolled children's parents for their own personal use. Enrolled children's parents or other relatives often take photos and/or videos during the VBS. Please sign acknowledging fact.

Signature:	Date:

Return by June 7th to sarah@assumptionmidland.org or in person to ABVM parish office.