

St. Francis of Assisi Vacation Bible School 2018



PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Participant's Name: _____ Birth Date _____ Sex: _____
 _____ Birth Date _____ Sex: _____
 _____ Birth Date _____ Sex: _____
 _____ Birth Date _____ Sex: _____

I, _____, grant permission for my child(ren), named above, to participate in this parish event. I, also consent to the use by of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear. I understand that these materials are being used for promotion of the youth events of St. Francis of Assisi Catholic Church. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Francis of Assisi Catholic Church.

- **Activity:** The minor participant will be working with and under the direction of adult volunteers and employees in the supervision of younger minor children in games, activities, arts and crafts, story-telling and snacks.
- **Date(s) of Event:** June 18 - 22, 2018 from 9:00 a.m. to 12:15 p.m. each day.
- **On Site Telephone Number for Emergencies:** 210- 492-4600
- **Individual in Charge:** Miriam Flores

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. Francis of Assisi Catholic Church its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my son's /daughter's attending the above named event, I release the staff, volunteers, etc. from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection herewith.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

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MEDICAL CONSENT AND PERMISSION TO TREAT

To the best of my knowledge, my child(ren), _____

is/are in good health, and I assume all responsibility for the health of my child for the purpose of St. Francis of Assisi Vacation Bible School. I am giving medical permission and consent to treat. In the event of an emergency, I give permission to transport my child(ren) to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian's Name: _____

Home Address: _____

Home Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

If you are unable to reach me, please contact: **Name:** _____

Relationship to me or my child: _____ Contact Phone Number: (____) _____

**Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ **Policy Number:** _____

Please indicate which child:

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

_____.

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are current and up to date ____ Yes, ____ No.

My son/daughter has the following limitations:

_____.

Parent/Guardian Name (PRINT): _____

Signature of Parent/Guardian: _____

Date: _____