

Permission Slip, Liability Waiver, and Medical Authorization

Vacation Bible School June 20 – June 23, 2016, Time 9:30 am – 12:30 pm

Barnyard Roundup

NOTE TO PARENTS: Please dress your child weather appropriate for possible outdoor activities.

SHIRT SIZE

Child's name _____ Gender _____ Last grade completed _____

Child's name _____ Gender _____ Last grade completed _____

Child's name _____ Gender _____ Last grade completed _____

Name of Parent/Guardian: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email _____

Please explain any allergies, dietary, and/or medical concerns for your child in the space below:

Functions and activities: I authorize my child to participate in all Vacation Bible School activities including hayrides, petting zoos and games. **Initial Here:** _____

Publicity: I authorize Saint Anne Catholic Church to take pictures of my child/children during Vacation Bible School activities. **Initial Here:** _____

Medical Custody Release: I authorize the VBS Leadership of Saint Anne Catholic Church to seek and authorize medical attention in the event my child needs medical care for emergency or normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot be made on first call, assistance will be authorized by Saint Anne VBS leaders. **Initial Here:** _____

Release of Liability: By signing this form I understand that there are risks associated with all activities including VBS activities. I agree to not hold Saint Anne Catholic Church and/or The Archdiocese of Galveston Houston or any other agents liable for any harm that may accidentally occur through the normal course of Vacation Bible School. I understand the VBS leadership will make every reasonable attempt to provide a safe and caring environment for my child. **Initial Here:** _____

Other emergency contacts: (Listing a person indicates they are approved to pick up your child)

1) **Name:** _____ **Relationship:** _____

Primary phone #: _____ Alternate number: _____

2) **Name:** _____ **Relationship:** _____

Primary phone: _____ Alternate number: _____

Final Approval: I as the parent/guardian agree to the above:

Signature: _____ Print name: _____

VBS is dependent on volunteers. If you can volunteer Initial Here: _____