

PARENT RELEASE AND CONSENT FORM

St. Jude Vacation Bible School 2023

Name: _____ Age: _____

I, (Parent's Name) _____, the undersigned ask for and give permission for my son/daughter, (Participant's Name) _____ to travel to and from and participate *** in St. Jude Vacation Bible School, June 26-30, 2023, and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Jude Parish of all responsibility and consequences that may arise as a result of medical treatment and/or participation in the above event. I will not hold St. Jude Parish or any of its associated representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of such treatment.

*** Please check if you wish your child to opt out of the following:

____ I do not give permission for my child to be photographed or videoed, which may be shared in email bulletin and/or Fairfield County Catholic publication

Parent Signature: _____ Date: _____

MEDICAL INFORMATION (PLEASE PRINT)

PLEASE USE REVERSE IF MORE SPACE IS NEEDED

My child is allergic to: _____ Date of last tetanus booster: _____

My child must take the following medication: _____

Dosage: _____ Frequency: _____

You should be aware of the following health/medical condition of my child: _____

Medical Insurance Carrier: _____ Does your child have his/her own medical card? _____

Policy Carrier: _____ Policy # _____

Physician: _____ Phone # _____

Parent/Guardian: _____ Home phone: _____

Cell Phone: _____ Work phone: _____

If I cannot be reached, in the event of an emergency, please notify: _____

Relationship to youth: _____ Phone: _____

In addition to parents, the following may pick my child up from VBS:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

RESPONSIBILITY FOR ADHERANCE TO VBS CODE OF BEHAVIOR

My child agrees to abide by all the rules and regulations of St. Jude Vacation Bible School. I understand that St. Jude Parish or its personnel will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from VBS. I will be responsible for any cost or other requirements for the immediate transportation home and damages incurred.

Parent/Guardian Signature: _____ Date: _____