

**ST. JOSEPH VACATION BIBLE SCHOOL 2018 HEALTH, EMERGENCY CARE & RELEASE INFORMATION**

Praise! VBS will be held at St. Joseph’s Church, the week of June 11<sup>th</sup>-15<sup>th</sup> from 8:30 - 11:30 am. Camp is for children entering K4 to entering 5<sup>th</sup> grade in the fall of 2018-2019 school year. Children must be picked up within 15 minutes of the conclusion of camp each day, or child care costs will be incurred. Parents are encouraged to volunteer to make camp a success. Please contact Annie Collins, [acollins@stjoesbb.com](mailto:acollins@stjoesbb.com) to volunteer or with questions. Please register online at <http://www.stjoesbb.com/parish/cfm/vbc/index.php>

**(PLEASE PRINT CLEARLY IN BLUE OR BLACK INK)**

Child’s Name	Birthdate	Grade Entering in 2018-2019 School Year	Allergies/Medical/Learning Concerns
1.			
2.			
3.			
4.			

\_\_\_\_\_ ( )  
 Father’s/Guardian’s Name                      Mother’s/Guardian’s Name                      (Area Code) Home Phone

\_\_\_\_\_ City                      Zip Code

\_\_\_\_\_ ( ) ( )  
 Mother’s Employer                      (Area Code) Phone                      Mother’s Car/Cell Phone

\_\_\_\_\_ ( ) ( )  
 Father’s Employer                      (Area Code) Phone                      Father’s Car/Cell Phone

\_\_\_\_\_ ( )  
 Children’s Doctor (First and Last Name)                      (Area Code) Phone

\_\_\_\_\_ ( )  
 Children’s Dentist (First and Last Name)                      (Area Code) Phone

**IF MY CHILD BECOMES ILL AND PARENTS ARE NOT AVAILABLE, CONTACT:**

1. \_\_\_\_\_  
 First & Last Name                      Relationship                      (Area Code) Phone

2. \_\_\_\_\_  
 First & Last Name                      Relationship                      (Area Code) Phone

**ARE YOUR CHILDREN RECEIVING MEDICATION? If so, please list medicine name, dosage, how often taken and what medicine is taken for:**

MEDICINE NAME	DOSAGE	HOW OFTEN	FOR WHAT

**PLEASE COMPLETE REVERSE SIDE AND SIGN!**

**PARENTS, PLEASE READ, SIGN AND DATE BELOW:**

**I hereby authorize:**

1. A representative of St. Joseph's Vacation Bible School to call the emergency contacts, Physician or Dentist named on reverse side if any emergency exists.
2. A representative of St. Joseph's Vacation Bible School to call Emergency Medical Technicians if an emergency dictates.
3. Permission for transporting my child to an emergency facility for emergency care.
4. Release of all information to necessary St. Joseph's Vacation Bible School Representatives or Emergency Medical Technicians.
5. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend St. Joseph Parish, its officers, directors, employees and agents, and the Archdiocese of Milwaukee, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Archdiocese of Milwaukee, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Milwaukee.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**PHOTO RELEASE**

I, \_\_\_\_\_, consent to the use by St. Joseph's Parish any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials may be used for promotion of the CFM programs. Such promotional activities extend to recruitment, fund raising, advocacy, etc. I release the staff, volunteers, etc. of St. Joseph Parish from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

**Date** \_\_\_/\_\_\_/\_\_\_

**Signature of Parent/guardian** \_\_\_\_\_