

Our Lady of the Assumption 2024 VBS Parent Release and Consent Form

I, _____, give permission for my child _____

(Parent/Guardian)

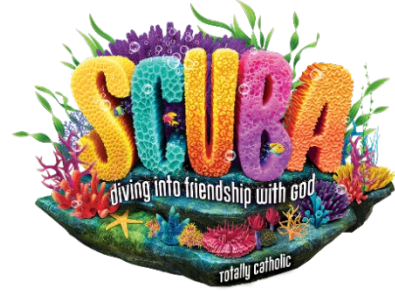
(Child's Full Name)

to attend Vacation Bible School and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequence that may arise as the result of this treatment. I will not hold Our Lady of the Assumption parish or chaperones or representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

XSigned, _____ Date _____

Signature of Parent/Guardian

Print Parent/Guardian Name



Child Information

Allergies: _____

Medical Conditions: _____

Required Medications: _____

Insurance Carrier: _____ Current Tetanus Booster ____ Y ____ N

In case of emergency, please contact: _____

at _____ (#). Relationship to child: _____

Any special things we should know about your child?

If your child has a friend they would like to be grouped with, please let us know. It is not always possible to meet these requests, but we will do our best. Please note that both children's registrations must have the same ONE request. Special friend is _____.

I authorize and give consent for the taking of pictures (moving or still) of the children in this family, and further give permission for the reproduction of pictures for use in media, including but not limited to newspapers, magazine, radio and television. Photos may also be used in the church bulletin, on the church website, in brochures, mailings, and other printed materials.

XSigned, _____ Date _____
No signature here denotes that you do not give permission for use of photo materials.