



VACATION BIBLE SCHOOL

June 18-June 22, 2018

9:15am-12:15pm DAILY

-for current 4-year-olds through rising 5th graders

\$40 parishioners, \$45 non-parishioners

REGISTRATION FORM

WE NEED YOUR HELP TO KEEP

OUR PRICE LOW! LIST OF

NEEDED ITEMS IS IN A SIGN UP GENIUS AT [DONATION SIGNUP \(GO TO THE WEBSITE at https://www.signupgenius.com/go/20f0c4eabac29a7f85-smm2018](https://www.signupgenius.com/go/20f0c4eabac29a7f85-smm2018) IF YOU ARE NOT ONLINE FOR THE FORM)

DIOCESE OF WILMINGTON PARISH/INSTITUTION EVENT SPECIFIC PARENTAL CONSENT AND

RELEASE FORM PARISH/SCHOOL _____

Personal Information

Full Name(s) and ages of Child(ren) _____

Date(s) of Birth _____

I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that SMM, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this week. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. By my signing this, I release SMM Staff, The Office for Catholic Youth Ministry, additional chaperones, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Medical Information – if signing up several children, put name of one to which info applies

Family Doctor Phone _____

Family Dentist Phone _____

Insurance Provider Policy# _____

Acct./ID# _____

* Yes No Has the young person ever been seen by a heart specialist for a heart condition?

* Yes No Has the young person had a broken bone in the past six (6) months?

* Yes No Has the young person had surgery in the past six (6) months?

* Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?

* Yes No Is the young person allergic to bee stings?*

* Yes No **Does the young person have any food allergies? If yes please check with the snack leader and if necessary provide a different snack for your child, and an epi-pen for the crew leader if needed!**

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
 Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

PARENT NAME _____

PARENT ADDRESS _____

Parent E-Mail _____ Parent Cell Phone _____

Providing email address and cell number grants permission for electronic communication in accord with diocesan guidelines.

Parent home phone _____ Parent Work phone _____

-in case of an emergency, we will call your cell phone first, then your home phone, then the work number given I AM A CLEARED ADULT AND AM WILLING TO HELP! EMAIL

5 day parent volunteers no charge for their children – babysitting for parent volunteers with younger children!