



VACATION BIBLE SCHOOL 2019

June 17-21, 2019

9AM-12:15PM daily

-volunteers must be entering 6th grade or higher in fall 2019

DIOCESE OF WILMINGTON

PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name and age(s) of STUDENT) _____

Date(s) of Birth _____

The student will be expected to attend an early meeting the first day of the program, then be there by 9AM the rest of the week to prepare for the day and be there as children arrive. They will be given and expected to wear t-shirts for the program so that they are clearly identified to the little ones as part of the program. 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

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? Please give this info to us!**

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

We need plenty of Cleared Adults to help this week! ____ Yes I am able to help!

E-mail _____

NEW THIS YEAR – FREE BABYSITTING FOR CHILDREN OF 5-DAY ADULT VOLUNTEERS!