

PAX CHRISTI VBS 201

TEEN VOLUNTEER APPLICATION (CONTINUED). PARENT/GUARDIAN MUST FILL OUT AND SIGN

Permission Form—Vacation Bible School

Our Mother of Sorrows Parish, St. Therese of Lisieux Parish, St. Elizabeth of Hungary Parish

I, _____ parent/guardian request that my child/children (list all names), _____ be allowed to participate in **Vacation Bible School as a teen volunteer**. This includes VBS from June 1 -22 201 , and any preparation and decorating beforehand.

In consideration of permitting my child/children to participate, I do hereby, for myself and my child waive and release any and all claims that I may have against Our Mother of Sorrows Parish, St. Therese of Lisieux Parish and St. Elizabeth of Hungary Parish, the Office of Lifelong Formation and Education of the Archdiocese of Louisville, the staff of said offices, and Janet Buntain, Pastoral Associate, for any and all injuries or losses suffered by said child/children.

In case of medical emergency, I understand that every effort will be made to contact me or other designated parent or guardian of the child/children participating in the activity. In the event I (or the designated parent or guardian) cannot be reached, I hereby give permission to the physician selected by the adult in whose care my child has been entrusted to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Signature of Parent/Guardian _____

Date _____ **Address** _____

City _____ **State** _____ **Zip** _____

Home Phone # _____

Email _____

Parent/Guardian Cell #1 _____

Parent/Guardian Cell #2 _____

Emergency Phone # _____

Health Information: Name of Family Physician _____

Family Health Insurance Company: Name of Company _____

Policy # _____ **Allergies** _____

Current Medications _____

May we give Tylenol? _____

May we use photographs with your child in them? Yes _____ No _____

Is anyone else picking your teen up from VBS? List all names of approved adults:

