

Below is the permission slip for Vacation Bible School. Please fill out the permission slip *completely*. If you have any questions regarding any part of permission slip please contact Elizabeth Wurm at the parish office at 419-5242572 or through e-mail at wurm.elizabeth@myspartans.org.

Child (ren)'s Name (First and Last)	Child (ren)'s last grade level completed (if applicable)	Child (ren)'s age and date of birth	Child (ren)'s t-shirt size (only small, medium or large as sizes, please.)

Contact Information:

Mother's Name: _____ Daytime Phone: _____

e-mail address: _____

Father's Name: _____ Daytime Phone: _____

e-mail address: _____

Child(ren)'s Address: _____

Emergency Contact Person: _____ Daytime Phone: _____

Relationship to child: _____

If there are issues with custody, who is the primary custodian of each child? _____ Daytime Phone: _____

Any special needs that your child has that we should be aware of so that we can best work with them: _____

Yes! I am willing to help with Vacation Bible School! Please mark which days you can help and also please specifically write your full name next to the days you can be there:

July 11th from 8: 30 a.m.- 11: 30 a.m. _____

July 12th from 8: 30 a.m.- 11: 30 a.m. _____

July 13th from 8: 30 a.m.- 11: 30 a.m. _____

July 14th from 8: 30 a.m.- 11: 30 a.m. _____

I cannot help on any of the days of VBS, but would like to help in another way: _____

Code of Conduct for Vacation Bible School

1. Vacation Bible School (VBS) is an opportunity for children of our parish to grow stronger in their Catholic Faith and closer to God. Behavior that is not respectful to other participants or to adults who are volunteering to work will not be tolerated. If your child exhibits unacceptable behavior while at Vacation Bible School you may be called and asked to pick them up, and your child may be asked not to return for the remainder of VBS.
2. Vacation Bible School is staffed by committed volunteers who are giving of their time for the children of the parish. VBS will meet July 11th- 14th from 9 a.m. – 11: 30 a.m. **You must have reliable transportation for your child and your child must be picked up on the fourth floor of the high school building no later than 11:30 a.m.** You also must “check” your child out- please do not just leave with your child until you have let an adult volunteer know that you are leaving. Please also have your child at VBS no later than 9 a.m. and bring to the fourth floor of the high school building through the side doors and “check” them in. **This is for your child’s safety.**
3. Vacation Bible School will be full of activities, games and a lot of fun! It is for that reason that other belongings such as video games, toys, hair supplies, etc., should be left at home. St. Peter’s Parish is not responsible for items that are lost or stolen.
4. If your child owns a cell phone we do request they do not bring it to Vacation Bible School. Your child will have access to a phone to call you if they need to, but they do not need to have a cell phone on their person during VBS.
5. If you are a parent who wishes to help with Vacation Bible School, please be aware that we are promoting a Christian atmosphere to all the children we are serving in those four days. Proper words and actions when working with the children or in the atmosphere of the children is expected.

I agree to the code of conduct

I **do not** agree to the code of conduct

Parent Signature: _____ Date: _____

Permission:

I give my permission for my child(ren) to participate in Vacation Bible School taking place July 11th- 14th at St. Peter Parish. I voluntarily and knowingly accept and assume the known risks involved in the program for myself and my child in consideration for St. Peter Parish allowing us to participate in the program. I hereby fully release and forever discharge the parties named above, along with heirs, officers, agents, employees, and volunteers.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby assume full responsibility. This release knowingly and voluntarily signed with the intent to be legally bound.

I understand that by my child (ren)’s participation in this Parish youth activity his/her picture could be taken and used in press releases, brochures, video, CD/DVDs, websites, etc. for publicity use only. This authorization will remain in effect forever. I understand that I have the right to revoke this authorization at any time by submitting written request. This agreement does not obligate the use of your child (ren)’s picture.

I grant permission

I **do not** grant permission

Parent Signature: _____ Date: _____

Medical Form

The law requires that parental permission be obtained for operative and medical procedures on minors. Please fill out the following consent form so that emergency procedures may be promptly carried out. Those in charge will make every effort to notify you if your child is hurt. Also, no operation other than minor surgery will be performed, except in an extreme emergency, without parents being contacted and fully informed.

Child's Name: _____

I give my permission for operative and medical procedures as may be deemed necessary for my son or daughter _____ Date: _____

(Parent or guardian)

Mother's Day Phone: _____ Evening: _____

Father's Day Phone: _____ Evening: _____

Is the above covered by hospitalization insurance? Yes No

Is so, what is the name of the company? _____

Policy number: _____ Group number: _____

Individual number: _____

Yes you can give my child Tylenol --- Dose: 1 tablet or 2 tablets -- 250 mg or 500 mg (please circle)

Please list facts concerning the child's medical history, including allergies and medications being taken, and any physical impairments to which a physician should be alerted.

Preferred Physician: _____ Phone: () _____

Address: _____

Preferred Dentist: _____ Phone: () _____

Address: _____

Year of child's last tetanus shot: _____

Anything else we should know about your child:
