

Diocese of Las Vegas
St. Elizabeth Ann Seton
Vacation Bible School Summer Activities Program
Parent/Guardian Consent Form and Liability Waiver

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian name: _____

Home address: _____

Home phone: _____ Business phone: _____

I/We, _____, grant permission for my child, _____
Parent /Guardian name Child's name

to participate in this St. Elizabeth Ann Seton Vacation Bible School summer activity program. This program will take place under the guidance and direction of Parish/School/Institution employees and/or volunteers from:

St. Elizabeth Ann Seton . A brief description of the activity follows:
Parish/School/Institution

Dates of programs: Session 1: June 12-16, 2017 Session 2: August 7-11, 2017
(see MES schedules for activities)

Location of program: St. Elizabeth Ann Seton campus

Individual in charge: Meghan Hernandez

Duration of program: Each session is 5 days. Each session begins at 9:00 a.m. and ends at 12:30 p.m. Morning supervision begins at 8 a.m. if paid for during registration.

Mode of transportation to and from program: Parent/Guardian will provide transportation

As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named minor (participant).

I/We agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to Hold Harmless The Roman Catholic Bishop of Las Vegas, and His Successors, A Corporation Sole (The Diocese of Las Vegas), and defend its officers, directors and agents, and employees, chaperons, volunteers, representatives and St. Elizabeth Ann Seton Parish,
(Name of the Parish/School/Institution)

associated with the event, from any and all liability, arising from or in connection with my child attending the Vacation Bible School summer activities program or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Parish/School/Institution, its officers, directors and agents, and the Roman Catholic Bishop of Las Vegas, and His Successors, A Corporation sole (The Diocese of Las Vegas), employees, chaperons, volunteers or representatives associated with the Vacation Bible School summer activities program for reasonable attorney fees and expenses arising in connection therewith.

Please sign here

Signature: _____ Date: _____

Print name: _____

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable).

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family health plan carrier: _____ Policy: _____

Signature: _____ Date: _____

Please sign here

Other Medical Treatment: In the event it comes to the attention of the Parish/School/Institution, its officers, directors and agents, and the Roman Catholic Bishop of Las Vegas, and His Successors, A Corporation Sole (The Diocese of Las Vegas), coaches, chaperons, volunteers or representatives associated with the Vacation Bible School summer activities program that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

*** No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

*** I hereby grant permission** for non-prescription medication (such as acetaminophen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

*** Please sign only one (no medication or grant permission)**

Please sign one

Specific Medical Information: The Parish/School/Institution will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus-diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Are there any physical limitations? _____

Has your child recently been exposed to a contagious disease or conditions such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

VBS
Multiple Activities
Schedule June 2017

| Date | Activity | Location | Special Instructions |
|------|-----------------|----------|-------------------------|
| 6/12 | VBS | Campus | |
| 6/13 | VBS – Movie Day | Campus | Goes until 4 p.m. |
| 6/14 | VBS | Campus | |
| 6/15 | VBS | Campus | |
| 6/16 | VBS | Campus | Show goes until |
| | | | 1:15 p.m. approximately |
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Please sign here

Signature: _____ Date: _____

Print name: _____

The Multiple Activities Schedule may be used for all program activities.

VBS
Multiple Activities
Schedule August 2017

| Date | Activity | Location | Special Instructions |
|------|-----------------|----------|-------------------------|
| 8/7 | VBS | Campus | |
| 8/8 | VBS – Movie Day | Campus | Goes until 4 p.m. |
| 8/9 | VBS | Campus | |
| 8/10 | VBS | Campus | |
| 8/11 | VBS | Campus | Show goes until |
| | | | 1:15 p.m. approximately |
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Please sign here

Signature: _____ Date: _____

Print name: _____

The Multiple Activities Schedule may be used for all program activities.

Vacation Bible School 2017

Pick Up Information and Photo/Video Release

Youth's Name: _____

The following persons are authorized to pick up my child from Vacation Bible School; please include yourself, if applicable. Please understand everyone may be asked to produce photo identification. I also understand that my child will not be released to anyone that is not on this list:

| Name: | Relationship to Child: |
|-------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Media Release

There are many opportunities and occasions before, during, and after Vacation Bible School to photograph and videotape images of our children as they participate in the life of the church. St. Elizabeth Ann Seton Parish reserves the right to use such images in parish publications including, newsletters, weekly bulletins, website, emails and all outreach correspondence. All images captured of our children and their families are for the sole purpose of evangelizing and sharing the grown and life of the church. Parents must submit to the Youth Ministry Office, in writing, any objections to the use of their children's images for parish purposes.