

*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 11-15, 2018 and July 30 - August 3, 2018  
(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.



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 2018**

Date	Activity	Location	Special Instructions
6/11	VBS	Campus	
6/12	VBS – Movie Day	Campus	Goes until 4 p.m.
6/13	VBS	Campus	
6/14	VBS	Campus	
6/15	VBS	Campus	Show goes until
			1:15 p.m. approximately

Please sign here

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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

**VBS  
Multiple Activities  
Schedule August 2018**

Date	Activity	Location	Special Instructions
7/30	VBS	Campus	
7/31	VBS – Movie Day	Campus	Goes until 4 p.m.
8/1	VBS	Campus	
8/2	VBS	Campus	
8/3	VBS	Campus	Show goes until
			1:15 p.m. approximately

Please sign here

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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

# **Vacation Bible School 2018**

## **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:

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## **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.