

**St. Isaac * St. Francis * St. Benedict
Permission Form
HolyWord Studios VBS Counselor 2019**

Counselor's Name

Home Telephone Number

Home Email Address

Age

Gender

Grade in Fall 2019

Birth Date

Address

City

State

Zip Code

Permission

I/we, the parents or guardians of _____, give permission for my/our child to participate in "**HolyWord Studios**" Vacation Bible School during the following dates:

Sponsored by St. Francis of Assisi Parish, 3609 Washington Avenue, Finleyville, PA on June 21 (counselor orientation) and June 24 through June 28, 2019.

Sponsored by St. Benedict the Abbot Parish, 120 Abington Drive, McMurray, PA on July 12 (counselor orientation) and July 15 through July 19, 2019.

Parent/Guardian Signature

Date

Medical Authorization

In the event of any injury or illness to my/our child during his/her attendance at this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to St. Isaac Jogues, St. Francis of Assisi, or St. Benedict the Abbot Parishes, the Faith Formation Office, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs due to his/her participation and/or transit to and/or from this event.

Parent/Guardian Signature

Phone Number

Insurance Company

Policy Number

Holy Word Studios VBS Counselor Permission Form

I/we the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may arise, or any hospitalization.

Father/Legal Guardian

Mother/Legal Guardian

Name and Phone Number of person to call if parent/guardian is not available.

Medical Matters: I/we hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. Of the following statements pertaining to medical matters, sign only that which is in accordance with your wishes.

- 1) Medications: My/our child is taking medication at present. My/our child will bring all such medications necessary, and such medications will be well labeled. My/our child will administer his/her own medications.

Medications: _____

Signature _____ Date _____

- 2) I hereby grant permission for nonprescription medication such as Tylenol or throat lozenges, to be given to my/our child, if deemed advisable.

Signature _____ Date _____

- 3) No medications of any type, whether prescription or nonprescription, may be administered to my/our child unless the situation is life threatening and emergency treatment is required.

Signature _____ Date _____

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____

Any other helpful information about your child? _____
