

**St. Isaac * St. Francis * St. Benedict
Permission Form
Vacation Bible Service Camp Camper 2019**

Camper'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 **Vacation Bible Service Camp July 22-24, 2019 at St. Benedict the Abbot Parish, 120 Abington Drive, McMurray, PA**

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

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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? _____
