IMMACULATE PARISH VACATION BIBLE SCHOOL REGISTRATION FORM

Please return by the Friday prior to VBS.

Parent/Guardian			
Last Name	Father/Mal	e Guardian	Mother/Female Guardian
Address			
City/State	Phone		
Children attending / Grac	de entering / Parish Affi	liation / Can ch	ild be photographed?
Child's Name	Grade Entering	Parish	Photo Yes / No
Child's Name	Grade Entering	_ Parish	Photo Yes / No
Child's Name	Crado Enterina	 Parish	
Cniia's Name	Grade Entering	Parish	Prioto tes / No
Child's Name	Grade Entering	Parish	Photo Yes / No
There is a \$5 fee per child atte If cost is prohibitive, see the D		•	Office use
	LIABILITY RELEA	SE	
I/We, the parent(s) and/or legal name), hereby request permissic Roman Catholic Diocese of Owe generally, fully, completely and Parish, including, but not limited volunteer drivers, and chaperon of injury to my/our child, I/we he agree to fully indemnify and hole release from responsibility any pethe possibility of unforeseen haze subject's age, I/we believe that taking reasonable precautions to put himself/herself or others in	on for this child to participensboro, KY and Immacuabsolutely hold harmless to, all board members, cles, from any and all liabiereby waive all claims agad said parties harmless from transporting my/ouards and know the inherenthe subject of this release o protect his/her own safe	pate in any and or plate Parish. I/We the Diocese of C officers, sponsors, lity of any kind or painst the parties so om any liability we r child to or from ent possibility of rise is physically and	all of the activities of the do hereby further Dwensboro and Immaculate employees, leaders, nature whatsoever. In case set forth above, and further thatsoever. I/We likewise activities. I/We understand sk. Taking into account the dimentally capable of
Parent/guardian Signature			Date
Adult witness to Signature	(Please complete bac	k side)	Date

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS

If you document a condition, please specify which child has that condition.

Any pre-existing or present medical condition	ns, disabilities, physical handicaps, or major illnesses:
Name of any prescription medications and a dosage:	concise directions, including dosage and frequency of
If my child is in pain and if deemed advisable following non-prescription medication to be Ibuprofen: Yes/No	e by a supervisory adult, I grant permission for the given: Acetaminophen: Yes/No
Any allergies (food, latex, animals, etc.)? Y If yes, explain:	=
Date of last tetanus shot	Contact lenses? Yes/No
Any activity restrictions? Yes/No If Ye	es, what?
Someone other than parent/guardian who r	nay be contacted in case of emergency
Name	Relationship Phone
Can someone other than parent/guardian p	oick up the child? Y N
If yes, name & relationship?	
Diocese of Owensboro for the hospitalization above-named child. I understand that I am I (including surgery) received by my child. I he	nereby request and give permission to the Catholic and/or provision of necessary medical treatment for the responsible for the cost of any medical treatment ereby release the directors and staff of this event from all occur during the event. I understand that I will be nergency.
Name of Health Insurance Company: Insurance Policy #:	
* Please understand that, depending upon the transported to the nearest hospital.	ne seriousness of the situation, your child may be
Parent/Guardian Signature:	Date:
Witness to Signature:	Date: