

**ST. JOSEPH THE WORKER CATHOLIC CHURCH - PERMISSION FORM**

Participant Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name of Event: Vacation Bible School Destination: at St. Joseph the Worker

Event Date & Time: June 20-24, 2011; 9:30 a.m. to 12:15 p.m.

Mode of Transportation: N/A Student Cost: \$45.00  
(\$35.00 for children of volunteers)

Individual(s) in charge: Beth Heimer Preschool - Elementary Coordinator

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
Parent or Guardians Name Child's Name

to participate in the above described event. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Phone Number Name relationship

**MEDICAL INFORMATION:**

Medication my child is taking at present: \_\_\_\_\_

For headaches or minor pain, my child may be given: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Family Health Plan Carrier Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_  
Name Phone Number

**As parent or guardian, I agree to all of the above stated considerations and conditions.**

Signature

Date

**Please return this form and payment by Fri. May 20, 2011!**

