

Medical Permission Form

I grant permission for the administration of first aid to _____.

By the people in charge of St. Patrick/St. Mary Vacation Bible School and those transporting my child to and from the program as their judgment deem advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any surgery, except when delay in such communication would endanger a life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian to the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child. I, the undersigned, shall be liable and agrees to pay all cost and expenses incurred in connection with such medical and dental rendered to the aforementioned child pursuant to this authorization.

I also give my permission to allow any pictures to be taken of my child during this event to be used by the Religious Education Department. I understand that these pictures may be posted on the parish website or used for promotional use of the VBS program.

Should it be necessary for my child to return home due to medical reasons or discipline problems, the undersigned will be called and expected to pick-up the child or make arrangements for the child to be picked up immediately.

Signature of Parent or Guardian _____ *Date* _____

In cases of custody agreement, permission form must be signed by parent who has custody on these days.

Address _____

City, State _____

Phone _____ *Cell Phone* _____

Authorized Physician _____ *Phone* _____

Insurance Information

Policy in name of _____ *Insurance Company* _____

ID # _____ *Group #* _____