



**St. Mary's Vacation Bible School, 2019**  
*Participant & Youth Volunteer Information & Medical Form*  
**ONE FORM PER CHILD/YOUTH**

**YOUTH (PARTICIPANT) INFORMATION**

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name:	_____	_____
	(Father)	(Mother)
Phone:	_____	_____
	(Father)	(Mother)
Cell Phone:	_____	_____
	(Father)	(Mother)
Email:	_____	_____
	(Father)	(Mother)

Please note: the above phone numbers will be used in case of an emergency during Vacation Bible School hours.

**EMERGENCY CONTACT INFORMATION – OTHER THAN PARENT(S)**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**USE OF PICTURE and/or VIDEO**

I give permission for pictures and/or video of my child (named above) engaged in activities related to the above event to be used on the Parish website, Parish picture wall or other publications. Names of participants will not be used without expressed permission from the parent or guardian. If neither box is checked, it is assumed we have permission.

YES   
  NO   
 Parent/Guardian Signature: \_\_\_\_\_   
 Date: \_\_\_\_\_

---

**St. Mary's Vacation Bible School, 2019**  
*Participant Information & Medical Form – page 2*

---

MEDICAL INFORMATION	
<p>Is the participant allergic to anything?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):</p>
<p>Is the participant currently taking or has taken any prescription medication in the last 6 months?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.</p> <p><u>Please note:</u> If medication is to be administered during the hours of Vacation Bible School, all medication must be given to the camp nurse or the director. No one else, other than a parent, may administer medications.</p>
<p>Does the participant have any physical or emotional conditions?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>List any physical or emotional conditions that may impede participation in this event.</p>

MEDICAL AUTHORIZATION	
<p>In the event of an emergency, I give authority to the adult leaders of St. Mary's Vacation Bible School to seek treatment. I understand that every attempt will be made to notify me and the emergency contact listed before any treatment is authorized. This medical authorization is valid <u>June 24-June 28, 2019.</u></p> <p><b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____</p>	