Vacation Bible School 2022 – Jerusalem Marketplace

St. Joan of Arc Parish, Diocese of Oakland

PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

There must be a copy of this form at ALL Faith Formation and Youth Ministry Activities

1st Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): M F **Grade (Fall 2022)**: _____ **School (Fall 2022)**: _____

Food Allergies/Drug Allergies: _____ **Asthma**: Y ☐ N ☐

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

2nd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): M F **Grade (Fall 2022)**: _____ **School (Fall 2022)**: _____

Food Allergies/Drug Allergies: _____ **Asthma**: Y ☐ N ☐

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

3rd Child's Full Name: _____ **DOB:** _____

Cell Phone (if child has): _____

Sex (Circle One): M F **Grade (Fall 2022)**: _____ **School (Fall 2022)**: _____

Food Allergies/Drug Allergies: _____ **Asthma**: Y ☐ N ☐

Routine Medications: _____

List any medical conditions we should be aware of: _____

Date of child's last physical examination: _____

Emergency Contact (<u>other than parent/guardian</u>)

THAT CHILD(REN) MAY BE RELEASED TO: _____

Name **Cell phone**

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address: _____

Print Name of Policy Holder: _____

Insurance Company: _____

Employer/Group Number: _____ Policy/Plan number: _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? ☐Yes ☐ No

State any reasons why you do not want medical care given to your child in an emergency:

_____

(Complete AND SIGN Back of Form/Page Two)

Parental Permission and Acknowledgment of Conditions for Participation in Program

1. I/we, parent, or authorized guardian of the child(ren) named above give permission for his/her/their participation in **Vacation Bible School (June 20-24, 2022) at St. Joan of Arc San Ramon, CA** and all related activities.

2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Faith Formation and Youth Ministry staff or adult volunteer leaders.

3. I/we agree to be responsible for all medical expenses relating to injury of my/our child(ren) as a result of his/her/their participation in this event (VBS), whether or not caused by the negligence of the parish, faith formation or youth ministry program employees, agents or volunteers or other participants.

4. I/we understand that children participating in this event (VBS) risk injury to the body, psyche or property damage to themselves or others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the faith formation and youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child(ren) agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.

2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.

3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

   Model Release Statement I hereby (circle one) **GRANT/ DECLINE** permission for my child(ren) named on this form to be photographed and/or videotaped during Faith Formation and Youth Ministry events; and for the resulting photographs and/or videotaped footage to be edited for the purpose of promoting St. Joan of Arc.

I have read this Agreement and understand everything written above.

_____	_____	_____
Print Name of Parent or Guardian	Signature of Parent or Guardian	Date

Mother's cell phone: _____ **Father's cell phone**: _____

Family Email: _____