

Quad-Parishes of Green Bay - Faith Formation Center Consent and Liability Form

~ 936 9th Street ~ Green Bay, WI ~ 54304 ~
~ 920-497-7042 ~

Participants Name: _____ Birthday: __/__/__ Gender: M F
School: _____ Grade Completing 2007/08: ____
Parent/Guardian Name: _____
Address: _____ Phone: _____
Email Address: _____ Cell Phone: _____
Emergency Contact: _____ Phone: _____

“Rainforest Adventure” Vacation Bible School - July 14-18, 2008

Type of Event: “Rainforest Adventure” Vacation Bible School

Who: Students Completing Grades K-5

Date / Time: Friday, July 14-18, 2008 9:00am - 12:30pm

Location(s): Quad-Parish Faith Formation Center 13th Street Entrance

Individual In Charge: Becky Kittell - Quad-Parish Youth Minister (Cell # 920-264-8214)

Cost: \$20.00 per child. Financial Assistance is Available upon request.

Our family is requesting Financial Assistance in the amount of \$_____

Registration Deadline: Please have forms to the Faith Formation Office by **Mon, June 30th.**

General Permission: I request that my child _____, be allowed to participate in this parish activity. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Quad-Parishes of Green Bay, its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Videotaping and Still Photographs: Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may only be used for future promotional efforts, including the Quad-Parish website and bulletin.

Code of Behavior: All event participants are representing the Quad Parishes of Green Bay during this event and we expect you will represent us well by displaying mature and responsible behavior. All participants are expected to demonstrate common courtesy and respect at all times, reflecting our Christian values. Parents will be contacted if this code of behavior is not followed.

Parent/Guardian Signature: _____ **Date:** _____

Help make our event a success! We are looking for adults to help with the Vacation Bible School. All volunteers will need to have completed a background check and Virtus training before working with minors at the Quad-Parishes. Contact us for more information.

Name: _____ Email or Phone: _____

___ Small Group Leader ___ Craft Site ___ Music Site ___ Games Site ___ Science Site ___ Bible Story Site

Contact Becky at the Faith Formation Center With Questions 497-7042 x 126

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency. I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name: _____ Phone: _____
Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription drugs (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc)

Immunizations: Date of Last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or condition, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____