

Permission Slip for child(ren) to participate in VBS:

I, _____, the undersigned parent/guardian of:

_____ hereby

(Child/children's name)

releases and agrees to hold harmless St. John Bosco/Our Lady of Perpetual Help and any of its teacher, helpers or persons connected with this activity from any liability, claims, damages for personal injury, property loss/damage which may result during this event. I understand that neither St. John Bosco, Our Lady of Perpetual Help nor any of its agents are responsible for any injury by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

(Signature of Parent/Guardian)

(Date)

Authorization for Medical Treatment

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is for _____ (child's name)

This release form is completed and given of my own free will for the sole purpose of authorizing medical treatment under emergency circumstance in my absence.

(Signature of Parent/Guardian)

(Date)

Photographic Permission

I give permission to photograph my child. These pictures are for Church bulletin board, website or published in the Northwest Indiana Catholic. No names will be used.

I understand that the photographs will be used only for this project and will not be sold to any agency, news organization or outside group.

(Signature of Parent/Guardian)

(Date)