HOLY CROSS CATHOLIC CHURCH AND THE MISSIONS OF SAN LUIS, YORKTOWN AND ST. ANN, NORDHEIM

2017 VACATION BIBLE SCHOOL APPLICATION FORM

JUNE 12-15 | 9 AM TO 11 AM | HOLY CROSS ACTIVITY CENTER

Director: Charlotte Noblett 361-649-3594

Student Full Name			Gender	Grade entering 2018
Address		City/State		Zip
Age	Date of Birth	Church Parish □ **HOLY CROSS** □ **SAN LUIS** □ **ST ANN** □ **OTHER**		
Parent | Legal Guardian Name				
Address (if different than above)				
Home Phone	Cell Phone		Work Phone	

I hereby consent to participation by my son/daughter in VBS sponsored by Holy Cross Catholic Church and the missions of San Luis and St. Ann of the Diocese of Victoria from **June 12-15, 2017**. I understand that my son|daughter will be under the supervision of diocesan and|or parish personnel. As parent or legal guardian I agree to defend indemnify and hold harmless the Diocese of Victoria and Holy Cross Catholic Church, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son\daughter's participation in the above mentioned activity or during transportation to and from the event. I grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine, non-surgical medical care to be given to my son|daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. I hereby give permission for my son|daughter to be photographed or videotaped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs for children.

HOLY CROSS CHURCH OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY AND THE DIOCESE OF VICTORIA IN TEXAS

PERMISSION FORM | MEDICAL RELEASE

Family Physician			Phone
Address			
Name of Insurance Company			Phone
Address of Company			
Name of Insured	Policy		Group
My son|daughter takes the following medication (name & dosage)			
KNOWN ALLERGIES (Food and/or Medical:			

PLEASE USE THE BACK OF FORM IF YOU NEED MORE ROOM FOR ANY SPECIFIC MEDICATIONS|DOSAGE, ALLERGIES, MEDICAL PROBLEMS OR PHYSICAL LIMITATIONS THAT WE SHOULD BE AWARE OF DURING THIS EVENT.

IMMUNIZATIONS UP-TO-DATE: ☐ **YES** ☐ **NO** ☐ **NOT SURE**

EMERGENCY CONTACT: If unable to reach parent|guardian, please contact:

Name	Work Phone	☐ Home ☐ Cell
Name	Work Phone	☐ Home ☐ Cell

PHOTO DISCLAIMER: *I hereby give permission for my son/daughter to be photographed or videotaped. I realize that the photo may be published in a newsletter or other publication. The video may be used for educational or informational purposes regarding the programs at the Diocese of Victoria.*

SIGNATURE OF PARENT: **DATE:**