



# Vacation Bible School

## August 16-20

***For age 3-grade 5***  
***\*All children must be potty trained\****

**Child's Name:** \_\_\_\_\_

**Child's Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade (21-22 school year):** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name of parent(s):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Home email address:** \_\_\_\_\_

**Parish:** \_\_\_\_\_

**Allergies or medical concerns:** \_\_\_\_\_

**If parents cannot be reached, please contact:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Relation to child:** \_\_\_\_\_

**Early registration - \$50 per child**  
***\$75 after July 1***

***Cash or check***  
***Please make checks payable to St. John the Evangelist***

**OVER →**

**St. John the Evangelist  
Youth Ministry  
Medical Information and Liability Release**

Please print and complete all areas.

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

Parent/Guardian Insurance Group Name: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

Family physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Limitations to be aware of: \_\_\_\_\_

Medicine required: \_\_\_\_\_ Frequency: \_\_\_\_\_

My child has permission to be administered Tylenol or Ibuprofen when requested by child.

Yes

No

In case of medical emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if they cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. John the Evangelist Catholic Church and Youth Ministry, the Archdiocese of Philadelphia and its officers, employees and volunteer staff from any liability.

Signature of Legal Guardian:

Date:

\_\_\_\_\_

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