



St. Thomas the Apostle Roman Catholic Church  
2017 Catholic VBS

***Mighty Fortress:***  
***In Jesus, the Victory is Won!***

**Liability/Medical Release Form  
Additional Camper**

**PLEASE COMPLETE ONE FORM FOR EACH CHILD**

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Medical Conditions (please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Insurance #: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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Parent/Guardian: I, \_\_\_\_\_, give permission for my above-named son/daughter to participate in the Catholic VBS Program to be held at St. Thomas the Apostle R.C. Church ("St. Thomas") in Norwalk, CT. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, transported, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St. Thomas and the Diocese of Bridgeport or any of its employees, representatives, or agents of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Thomas or the Diocese of Bridgeport liable in the event of injury. I understand and agree that if my child suffers any form of allergic reaction, emergency medical responders will be called. Further, I agree to accept any and all financial responsibility as a result of her/him receiving such medical treatment.

My child agrees to abide by all rules and regulations stated in Diocesan and Parish policies and procedures and those also stated by Camp Staff of St. Thomas. I understand that St. Thomas and the Diocese of Bridgeport or any of its agents will not be held liable if my child fails to comply with all rules and regulations, and that any infraction of the rules or regulations may result in immediate dismissal from the program at my expense.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

