



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: _____

