



I. MEDICAL CONTACT INFORMATION AND TREATMENT

A. INSURANCE INFORMATION (You may attach a copy of your card front/back)

Medical Insurance carrier: _____ Policy number _____

Address: _____ Phone (____) _____

Member's Name _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

B. EMERGENCY MEDICAL TREATMENT: In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant(s) to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone (____) _____

II. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consent to the release of photographs and names of the Participant(s) to be used by the Diocese of Raleigh and St. Paul Parish for future promotional programs of the Diocese and parish. If you have any questions or concerns, please contact LisaAnn Ludwig at 614-581-3547.

_____ Please *initial* here if you **DO** consent to the release of personally identifiable information.

_____ Please *initial* here if you **DO NOT** consent to the release of personally identifiable information.

IV. PHOTO/VIDEO RELEASE

I consent to the use by St. Paul ("the parish") and The Diocese of Raleigh ("the diocese") of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which I or my child(ren) may appear. I understand that these materials are being used for promotion of youth ministry in the parish and/or the Diocese. Such promotional activities extend to recruitment, advocacy, fund raising, etc. Pictures may appear on the parish or diocesan website. I release the staff and volunteers of the parish and the diocese from any liability connected with the use of my/child(ren) picture or voice recording as part of any of the above or similar activities and further, that such use shall be without payment of fees, royalties, special credit, or other compensation.

V. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant(s) and have full legal responsibility for the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Vacation Bible School Program.

VI. PERMISSION TO EMAIL, TEXT or CALL (*Please check all that apply*)

I/We give Saint Paul Catholic Church and its programs permission to contact me/us in the following manner:
_____ Email _____ Text Message _____ Phone

VII. SIGNATURES

THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT

Parent/Guardian: Signature _____ Date _____