

St Joseph Parish

VBS 2010

Children (first & last name)	Grade	Date of Last Tetanus Shot
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

Emergency Contact:

Father: _____ Mother: _____

Other: _____

Address: _____

Home ph # _____ Work ph # _____ Cell # _____

Family Physician _____ Office Phone _____

Medical Insurance Company _____

Policy # _____

Children's Name	Medical Condition (ie: diabetes, asthma)	Allergy (food, drugs, environments, animals)	Comments (inhalers, activity limitations, special diet,
1			
2			
3			
4			
5			

(over)

Medical Release

Please initial appropriate statements

_____ initial I authorize St Joseph Parish, their staff and or volunteers to procure medical, hospital or dental care for my child(ren) in the event of injury or illness if I cannot be contacted to make arrangements for such treatment. It is understood by me that the expense of this service will be accepted by me.

_____ initial I authorize St Joseph Parish, their staff and or volunteers to administer first aid to my child(ren) should the situation warrant. In addition, I agree to release and hold harmless the above mentioned for any ill effect resulting from the administration of said first aid.

_____ initial I do not authorize St Joseph Parish, their staff or volunteers to oversee any medical treatment of my child(ren) in my absence.

Signature _____

Relationship _____ Date _____