

PERMISSION SLIP

Must be completed for all children attending VBS

I give my permission for my son(s)/daughter(s) _____

_____ (list children's names)

To participate in all Vacation Bible School activities. Any exceptions are listed next to their name. My child (ren) may receive necessary first aid treatment from a duly licensed physician, or be admitted to a hospital in case of an emergency. I will not hold Santiago de Compostela Catholic Church or any of its members liable for any illness or accident that occurs to my child, or any expenses incurred in the treatment thereof while my child is at any Vacation Bible School activity. This Authorization is given pursuant to CA Civil Code 25.8.

All medical needs, allergies or restrictions for my child are listed next to their name.

Family Doctor _____ Phone# _____ Hospital Affiliation _____

Insurance Company _____ Policy Number _____

In case of emergency: Mother's Name: _____ Phone _____ Cell Phone _____

Father's Name : _____ Phone _____ Cell Phone _____

Other Contact : _____ Phone _____ Cell Phone _____

Parent's Signature

Date

(NON-REFUNDABLE AFTER JULY 1, 2018)

OFFICE USE ONLY: Date Rec'd _____ Amt Paid: \$ _____ Check # _____ Cash \$ _____ Rec'd by _____

Revised April 23, 2016

PHOTO/VIDEO RELEASE

From time to time, we take pictures and video of the youth at events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. To do this, we need the parents' consent. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about the pictures or videos posted on the website, please contact the youth ministry coordinator or webmaster and they will promptly be removed.

I/We the parent(s) of (youth's name) _____, authorize and give full consent, without limitation or reservation, to Santiago De Compostela, to publish any photographs or videos in which the above named student appears while participating in any program with the Santiago De Compostela Religious Education ministry. There will be no compensation for use of any photographs at the time of publication or in the future.

Please sign below as a sign of consent.

Child's First Name: _____ Last Name: _____

Parent/Guardian's First Name: _____ Last Name: _____

Parent/Guardian's Signature: _____ Date: _____

If you do not wish to have your child be photographed or videotaped during events, please sign below.

Child's First Name: _____ Last Name: _____

Parent/Guardian's First Name: _____ Last Name: _____

Parent/Guardian's Signature: _____ Date: _____