



SAINT JUNIPERO SERRA PARISH

Vacation Bible School '18

JUNE 25th-29th 3:00–6:00 P.M

Ages 4 yrs through starting 6th grade

\$33.00 per child OR Family Tuition of \$100

(Family Tuition includes brothers & sisters only)

OFFICE USE ONLY:
DATE: _____
AMNT PD _____
CHECK # _____
INITIAL _____

Child's Name: _____

Age: _____ Date of birth _____ Gender: M F School grade as of Sept. 2017: _____

Food allergies? If so, ***Please send your own snack to VBS each day.***

Please list any special medications and/or medical conditions for your child:

Do you request for your child to be in the same group as his/her friend? If so, Friend's name: _____

E-mail address _____

IMPORTANT! WE COMMUNICATE THROUGH EMAIL! Please print clearly

Phone: _____ Phone #2: _____

EMERGENCY ADULT CONTACT during VBS hours:

Name of contact: _____ Phone : _____

❖ **Please include a payment of \$33.00 per child or \$100 family**

Please mail or bring completed forms and payments to the RE office (661-943-5912)

Saint Junipero Serra Parish, 42121 60th Street West, Lancaster, Ca 93536

QUESTIONS? Call/text Lidia Michael 661-609-5689 or lidia.michael@outlook.com

Parent name (print) _____

Parent signature: _____

Other forms than must be turned in with this form:

- STUDENT AND YOUTH ACTIVITY PERMISSION FORM
- Media & Social Networking
- Archdiocese of los Angeles Medication Authorization and Permission Form

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

LOCATION: Saint Junipero Serra Parish, 42121 60th St. W, Lancaster, CA 93536

Minor's Name: _____

Address: _____

Date of Birth: _____ Male Female Grade: _____

Activity: VBS

Date(s) of Activity: June 25th – 29th Purpose: Vacation Bible School

Description/Location of Activity: Vacation Bible School, Saint Junipero Serra Parish,

Mode of Transportation: ___ Walk ___ Car Pool ___ Bus Other (specify) **Parent's Drop Off**

Teacher/Adult Leader: Cassandra Ortiz & Lidia Michael

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows:

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve Saint Junipero Serra Parish and participating adults from any liability in connection with this request. I understand that the insurance benefits through Saint Junipero Serra Parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold Saint Junipero Serra Parish harmless from the cost of any medical treatment and related expense and cost incurred.

Release of Liability: As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and Saint Junipero Serra Parish, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damages are caused by the active or passive negligence of the Archdiocese, Saint Junipero Serra Parish or their agents, employees, volunteers or chaperones.

Parent/Guardian

Date

Home Phone

Cell Phone

Work Phone

Email address: _____

IMPORTANT! WE COMMUNICATE THROUGH EMAIL!

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____

Phone: _____

Health Insurance Company: _____ Policy No.: _____

**ARCHDIOCESE OF LOS ANGELES
MEDICATION AUTHORIZATION AND PERMISSION FORM**

Location: Saint Junipero Serra Parish, 42121 60th St. W, Lancaster, CA 93536

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at Saint Junipero Serra Parish identified above and/or at a Saint Junipero Serra Parish sponsored field trip, event or activity.

Last Name of Minor First Name Sex Birth Date

Name, Address and Phone Number of Physician

Name of Medication: _____

A. Physician's Instructions. (Complete where applicable)

Purpose of Medication or Diagnosis

Dosage Prescribed Date/Time Schedule Dose Form (tablet/liquid)

Please notify this office if patient misses medication Yes _____ No _____

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

Print Name of Licensed Physician Signature of Licensed Physician

Address Telephone Date

B. Permission for Administration of Medication and/or Testing at Saint Junipero Serra Parish and/or at Saint Junipero Serra Parish sponsored Field Trip/Event/Activity:

I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at Saint Junipero Serra Parish identified above and/or at a Saint Junipero Serra Parish sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Saint Junipero Serra Parish or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Saint Junipero Serra Parish staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor Saint Junipero Serra Parish shall be liable for any adverse consequences or injury. I hereby give the Saint Junipero Serra Parish staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose.

For all other medications, my son/daughter and I will comply with Saint Junipero Serra Parish policies and procedures and will provide the Saint Junipero Serra Parish with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Signature: _____ Date: _____

Emergency phone number: _____

Email address: _____

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Media & Social Networking

One of the best ways to explain our mission of supporting children is through photographs, artwork, and testimonials of our candidates. We use these in our newsletters and website and other promotional outlets including social media sites including Facebook, Twitter, and Instagram. I agree that video, photographs and testimonials taken of my child(ren) or other materials created by Saint Junipero Serra Parish, shall become property of and may be used by Saint Junipero Serra Parish, at its discretion, for any publicity or marketing purposes, and I hereby irrevocably consent and authorize such use without restriction.

Additionally, I waive any right to compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Saint Junipero Serra Parish from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Check here if you **DO NOT** want your child(ren) photographed or in a video to be used in Saint Junipero Serra Parish publications.

Candidate Name _____

Parent/Guardian Name (Print) _____

Signature _____

Date _____

Email address: _____

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